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NHS Finance, Performance and Operations

thequarter.

Welcome to the ninth edition of **thequarter** – an update from the Director General for NHS Finance, Performance and Operations



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- Healthcare Associated Infections
- Better Access to Care
- Keeping Adults and Children Well
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The NHS has started 2009/10 well, building on last year's success. The latest data on the reduction of healthcare associated infections (HCAIs) show that the risk of infection with MRSA bacteraemia or *C. difficile* is at its lowest for five years. Most hospitals are already achieving the 2010 target levels for reducing *C. difficile* infections by 30 percent against the 2007/08 baseline, having achieved a national reduction of 35 percent over the last financial year. The NHS has sustained operational standards on 18 weeks and has improved access to primary care services by further increasing the number of GP practices offering extended opening hours.

The NHS Operating Framework 2009/10¹ does not include any new national priorities, creating a further year of consistency of purpose. However, this year will be critical for driving forward the NHS reforms set out in *High Quality Care for All²* and delivering the Quality, Innovation, Productivity and Prevention agenda. Going forward, successful organisations will be those that truly embed quality at all levels and deliver healthcare services that match the reality of individual's lives.

However, there are immediate pressures that the NHS and the Department of Health are facing. Swine flu has presented the very real threat that the national priority for emergency preparedness, in the *NHS Operating Framework*, was put in place to tackle.



"This year will be critical for driving forward the NHS reforms set out in *High Quality Care for All*"

Continued over page...

NHS Leadership Team

introduction



The NHS has now stepped up its response from containment to a treatment phase. Robust planning for pandemic influenza over the past few years has ensured that the UK is one of the best prepared countries in the world for dealing with swine flu. This has been acknowledged by the World Health Organisation (WHO) and the NHS has worked hard and responded well to the initial stages of the pandemic. The National Pandemic Flu Service, launched in July, was the first of its kind in the world. It has provided invaluable support and advice to those affected by the pandemic, also easing pressures on the NHS and primary care services in particular. Looking ahead, resilience planning continues to be a priority as the NHS prepares for a possible second wave of swine flu this autumn/winter. It is likely that swine flu will impact on the pressures caused by the annual winter flu season and this will be a major factor in the Department of Health's NHS winter planning policy for this year. Every NHS organisation is expected to be prepared and has to deliver on the following three areas: 1) Critical Care Surge; 2) Vaccination of staff and patients; 3) Board Assurance and preparedness.

Against a background of good overall performance, there remain some organisations still not delivering standards on a consistent basis. These are highlighted in the results of the *NHS Performance Framework*³, which are published for the first time in this report. The *NHS Performance*

Framework provides a dynamic assessment of the performance of NHS organisations against minimum standards across finance, operational standards and targets, quality and safety and user experience. It sets clear thresholds for intervention in underperforming organisations and a rules-based process for escalation, including defined timescales for demonstrating performance improvements to ensure the NHS is consistently delivering high quality care. The results show that 26 trusts (22 acute and four ambulance trusts) are categorised as having their 'Performance under review' and eight trusts (all acute trusts) are categorised as 'Underperforming' in achieving minimum standards. Deficiencies in performance need to be addressed locally to ensure that NHS organisations are working with their local communities to achieve the very best for patients.

- 1 The NHS in England: the operating framework for 2009/10 (Department of Health; December 2008)
- 2 High Quality Care for All: NHS Next Stage Review (Department of Health; June 2008)
- 3 NHS Performance Framework: Implementation guidance (Department of Health; April 2009)

PANDEMIC FLU

Find swine flu information

0800 1 513 513

Northern Ireland

Health information
 ▶ www.dhsspsni.gov.uk

Public information
 ▶ www.nidirect.gov.uk

Business information
 ▶ www.nibusinessinfo.co.uk

Wales ▶ Cymraeg

Health information
 ▶ www.nhsdirect.wales.nhs.uk

Public information
 ▶ www.wales.gov.uk

Business information
 ▶ www.business-support-wales.gov.uk



Scotland

Health information
 ▶ www.nhs24.com

Public information
 ▶ www.scotland.gov.uk

Business information
 ▶ www.bgateway.com

England

Health information
 ▶ www.nhs.uk

Public information
 ▶ www.direct.gov.uk

Business information
 ▶ www.businesslink.gov.uk

HCAs

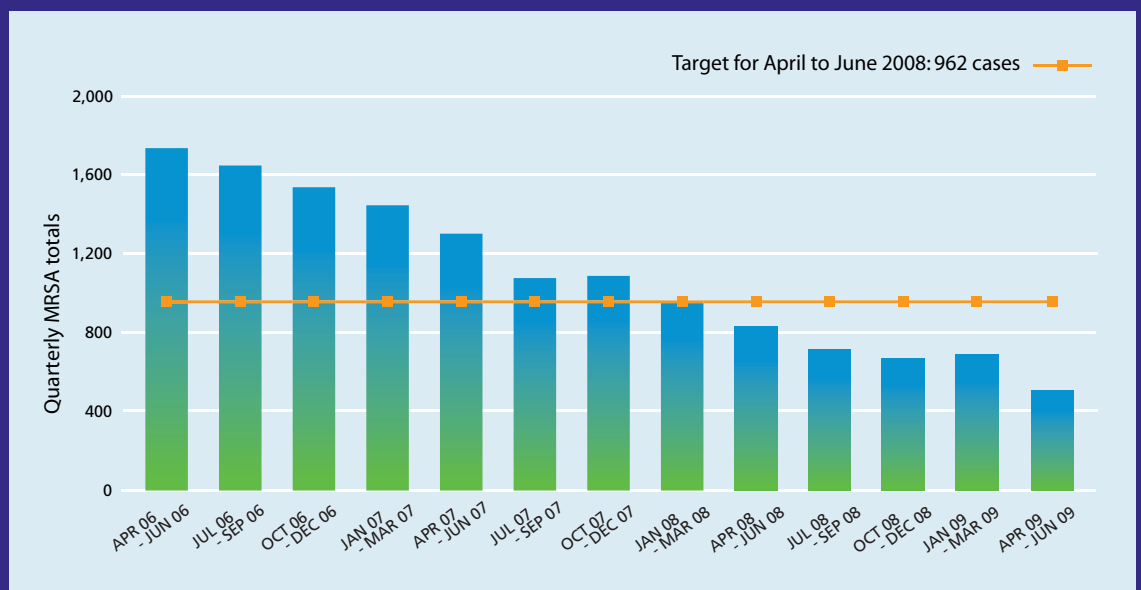
1. Healthcare Associated Infections



MRSA

The latest data for the period April to June 2009, published by the Health Protection Agency, shows MRSA bloodstream infections are down 39.3 percent compared to the same quarter last year and down 74 percent from the quarterly average in 2003/04 (target baseline). This demonstrates that the NHS continues to deliver better than the operational standard to halve MRSA bloodstream infections against the 2003/04 baseline.

Figure 1
MRSA
Bacteraemia:
Quarterly
totals between
April 2006 and
June 2009





Clostridium difficile (C. difficile)

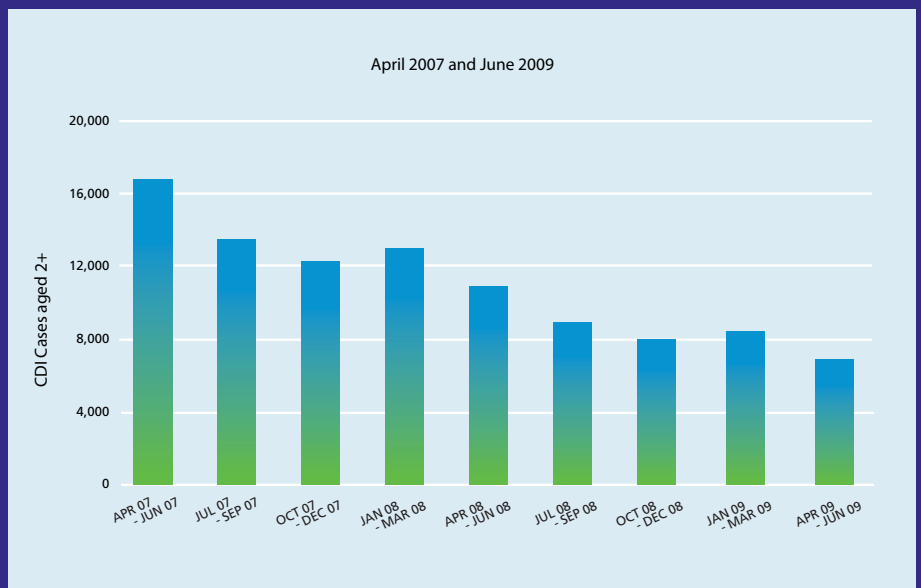
The most recent data for the period April to June 2009 published by the Health Protection Agency, shows *C. difficile* infections were down 37 percent compared with the same quarter in 2008/09 and 18 percent on the previous quarter. The NHS met, and exceeded, the 2010 target to achieve a 30 percent reduction against the 2007/08 baseline two years early.

The progress the NHS continues to make on MRSA and *C. difficile* is encouraging but, as ever, there is still more work to be done to keep driving down infections.

The National Quality Board (NQB) ran a stakeholder engagement exercise on a new MRSA Objective from 11 June to 24 July. The Board will make their recommendations to Ministers later in the year and the new Objective will be published in the *NHS Operating Framework 2010/11* later this year.

“The progress the NHS continues to make on MRSA and on *C. difficile* is encouraging.”

Figure 2
CDI cases in patients aged 2 or more: Quarterly totals between April 2007 and June 2009



2. Better Access to Care

Elective Care and Diagnostics

Nationally, the NHS has maintained the minimum operational standards for 18 weeks in each month since August 2008. As set out in the *NHS Operating Framework*, the minimum operational standards for 18 weeks should be delivered across all services and specialties by the end of 2009/10. In June 2009, there were seven acute trusts and three PCTs that did not achieve the 90 percent minimum operational standard for admitted patients or the 95 percent minimum operational standard for non-admitted patients.

From this year, trust performance against 18 weeks will be measured through the *NHS Performance Framework* on an aggregate basis for each quarter. Performance on the operational standards in each speciality will also be assessed. The Care Quality Commission will use a similar methodology in its Periodic Review of NHS organisations.

Working with SHAs, the Department of Health has published a self-assessment tool to assist NHS organisations to monitor and measure delivery of 18 weeks across all treatment functions.

The Department of Health is also working with SHAs and five pilot sites to develop a toolkit to help local health communities identify the causes of long waits

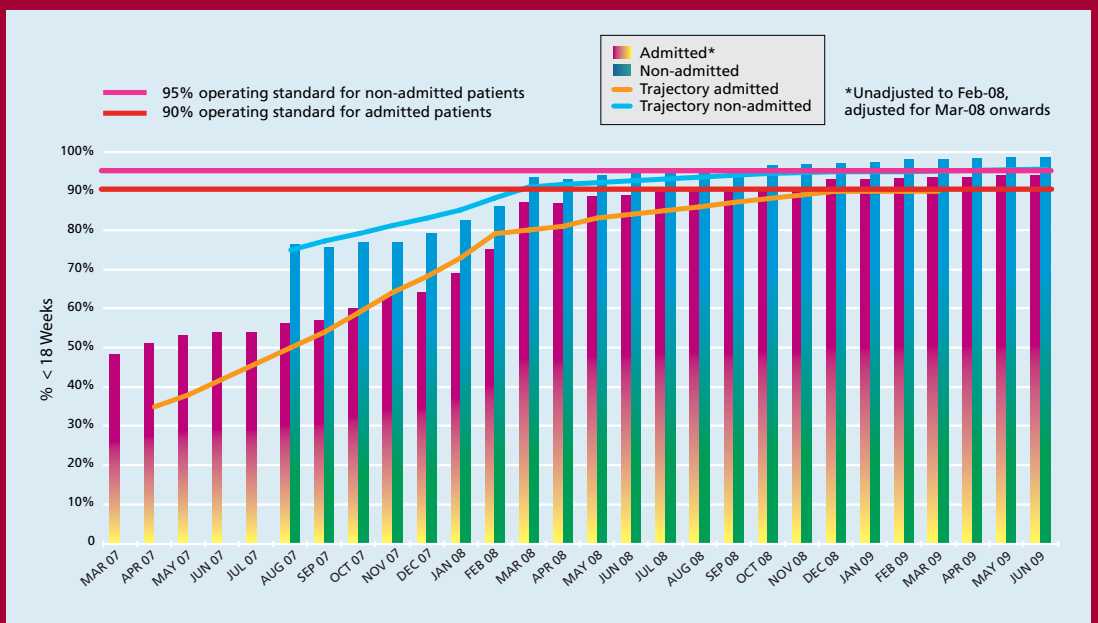
and understand what action can be taken to improve patients' experience of 18 week pathways. The aim is to publish this in the Autumn.

Patient reported experiences remain the key measure of success and local NHS organisations can improve the experiences of patients in a number of ways. In line with good practice, PCTs and trusts should provide patients with written information that clearly explains the 18 weeks universal pledge. In addition, PCTs should test their local access policies with patient groups and clinicians and publish these if they have not done so already. PCTs and providers should be working together to reduce variation in choose and book utilisation, and PCTs can also drive further improvement in patient reported experiences based on findings from regular local 18 weeks patient experience surveys.

As stated in *Building Britain's Future*, the next stage of reform across public services will be characterised by moving further away from performance targets towards enforceable entitlement to services. The Department of Health is bringing forward proposals in this area in the Autumn alongside plans to strengthen patients' rights and entitlements under the *NHS Constitution*⁴.

waiting times

Figure 3
Percentage of admitted and non-admitted patients treated within 18 weeks



Primary Care Access

The NHS has continued to increase access to primary care services by ensuring that 77.1 percent of GP practices were providing extended opening hours at evenings, early in the morning and at weekends at July 2009. The results of the *GP Patient Survey*⁵ for 2008/09 showed that patient satisfaction in relation to opening times of their surgeries was high at 82 percent. The *NHS Operating Framework* reinforces the commitment for PCTs to achieve 50 percent of GP practices providing extended opening hours by making this a minimum operational standard for the NHS to sustain as well as continuing to demonstrate further progress in this area. All but one of the PCTs have met the standard.

Procurement of new GP practices and GP-led health centres

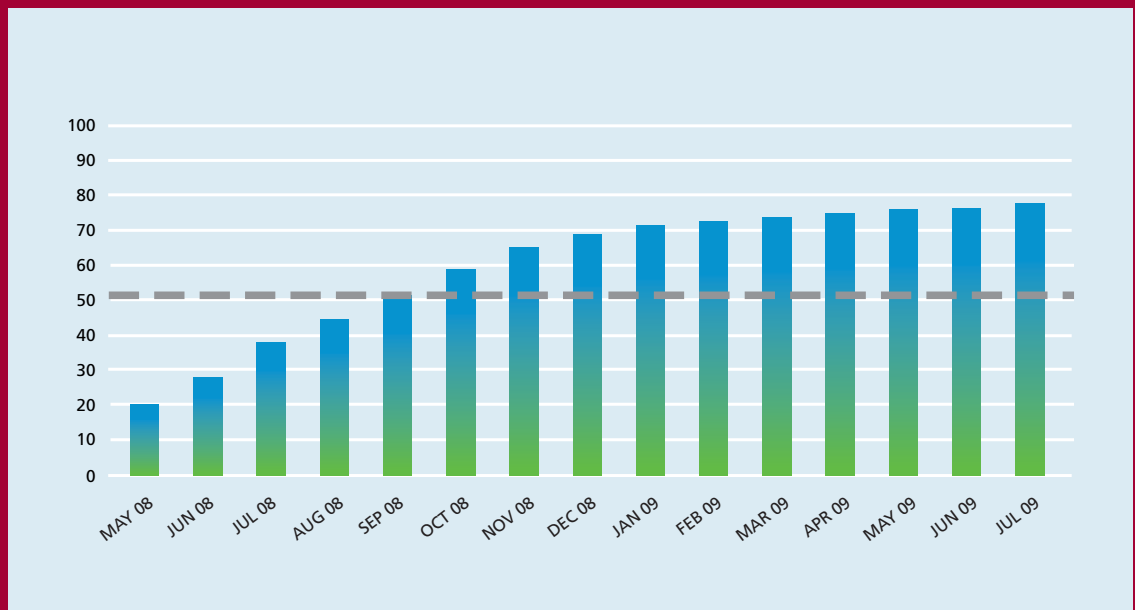
In July, the North Colchester Healthcare Centre opened as the 50th fully operational GP-led health centre in England. The *NHS Operating Framework* set a commitment for PCTs to procure 152 GP-led health centres (one in each PCT) and 112 new GP practices in the 50 PCT areas with the greatest need. The contracts for these new services have been awarded to a broad range of providers, with over 50 percent run by existing GPs either as GP partnerships or in collaboration with the independent sector. The Department of Health expects around 90 percent of the new GP services to be operational by the end of the year.



4 The NHS Constitution: securing the NHS today for generations to come (Department of Health; January 2009)

5 GP Patient Survey 2008/09 (Department of Health; June 2009)

Figure 4
Percentage of GP practices offering extended opening hours



Dentistry

The *Quarter 4* report highlighted that access to NHS dentistry, as measured by the number of people who saw an NHS dentist over a 24-month period, had grown for a second consecutive quarter up to December 2008, with an additional 240,000 patients accessing NHS dentistry.

The latest patients seen data, published by the NHS Information Centre, shows that this trend has continued over two further quarters up to June 2009, with an additional 721,000 patients having been able to access NHS dental services over the last four quarters. The data shows that the NHS is making real progress in increasing access to NHS dentistry. However, more needs to be done to achieve the aim of ensuring access to NHS dentistry for all who want it.

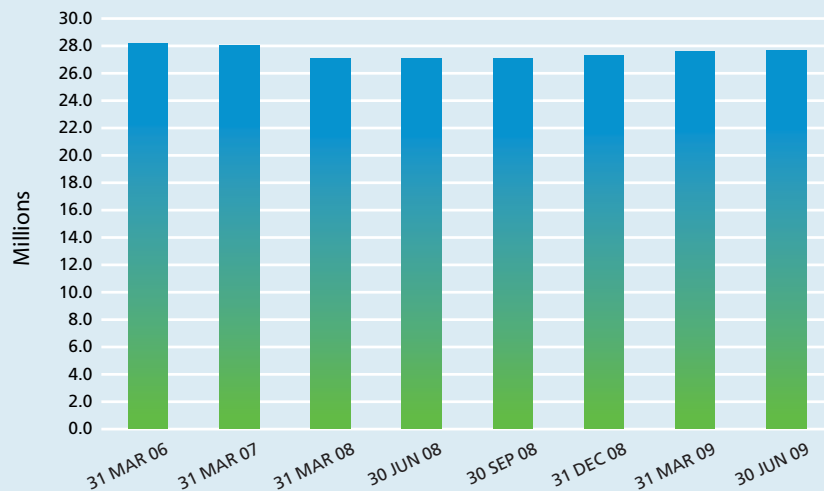
The *NHS dental service in England: An independent review*⁶ led by Professor Jimmy Steele, recommends a series of actions for both the Department of Health and the NHS to support further improvements in access and quality in the long-term.

The report firmly endorses the introduction of local commissioning in 2006, which it regards as providing a firm foundation for developing NHS dental services. It acknowledges the current problems that some people still have in accessing NHS dental services and recommends that the NHS should continue to address specific capacity shortages through the dental access programme.

The Department of Health will work closely with the NHS and the profession to pilot the recommendations, from this Autumn. The dental access programme will be vital to the implementation of the independent review's recommendations.

⁶ NHS Dental Service in England: An independent review (Department of Health; June 2009)

Figure 5
Number of patients seen by an NHS Dentist (millions)



3. Keeping Adults and Children Well

Cancer Waiting Times

The existing standards on cancer waiting times and the extended commitments set out in the Cancer Reform Strategy ensure that more patients are getting access to timely and high quality cancer services. Nationally, the NHS is continuing to deliver a high level of performance on the existing and extended standards at Q1.

The Department of Health has worked with key stakeholders, such as the Care Quality Commission, to calculate revised operational standards for the existing and new Cancer Reform Strategy commitments. These determine what proportion of patients will be unfit at any given time, or will opt to delay their treatment. Operational standards have now been agreed for all but one of the waiting time commitments (see below) and Q1 is the first time performance has been assessed against them.

On the existing standards:

- 94.1 percent of patients were seen by a specialist within two weeks from referral for suspected cancer – 1.1 percent better than the operational standard of 93 percent;
- 98.1 percent of patients waited 31 days or less from diagnosis to first treatment for all cancers – 2.1 percent better than the operational standard of 96 percent; and
- 88.7 percent of patients waited 62 days or less from referral for suspected cancer to first treatment for all cancers – 3.7 percent better than the operational standard of 85 percent.

On the extended standards:

- 95.1 percent of patients waited 31 days or less for subsequent treatment where the treatment was surgery – 1.1 percent better than the operational standard of 94 percent;
- 99.2 percent of patients waited 31 days or less for subsequent treatment where the treatment is an anti-cancer drug regimen – 1.2 percent better than the operational standard of 98 percent;

- 94.7 percent of patients waited 62 days or less from a consultant's decision to upgrade the priority of their treatment to first treatment for all cancers – an operational standard has not yet been set for this commitment because of low patient numbers; and
- 94.5 percent of patients referred from an NHS screening service waited 62 days or less to first treatment for all cancers – 4.5 percent better than the operational standard of 90 percent.

By the end of 2009, all patients referred to a specialist with breast symptoms, even if cancer is not suspected, should be seen within two weeks of referral. In some areas this will require increased capacity, for example by training nurse practitioners to undertake clinical assessment. By the end of 2010, all second and subsequent radiotherapy treatments will be covered by the 31 days standard. The NHS will need to ensure it is making best use of existing staff and equipment as well as planning for capacity increases.



Cancer Screening

Breast screening

Performance indications on the current programme for women aged 50-70 being offered screening for breast cancer every three years has increased to 90.3 percent of women seen within three years in Q1 from 79.3 percent in Q1 last year. The NHS continues to work to ensure that performance is maintained above 90 percent as per the NHS Breast Cancer Screening Programme guidance, and to prepare for the full implementation of the extension to 47-73 years age group by the end of 2012.

Bowel screening

Over 2,000 bowel cancers have been detected through screening and a priority for 2009/10 is continuing the national roll-out of the Bowel Cancer Screening Programme for all men and women aged 60-75. The aim is to have full roll-out for the 60-69 years age group by December 2009 and then to further extend screening to men and women aged 70-75 from 2010.

Smoking Cessation

The latest available data on smoking cessation for Q4 of 2008/09, shows the whole year's performance:

- In 2008/09 more than 670,000 people set a quit date and successfully stopped smoking, more than in any year since the service began (with the exception of 2007/08 when Smoke Free was launched).

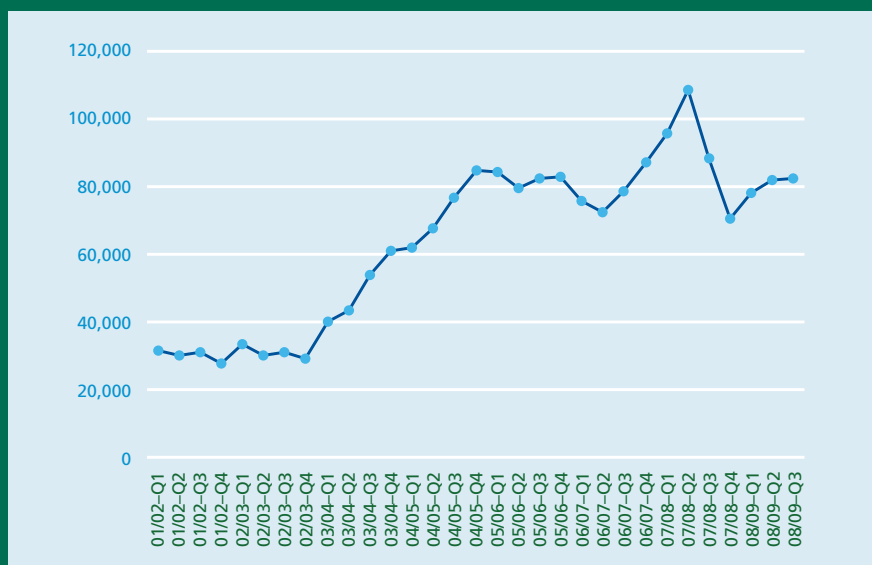
- 671,259 people set a quit date through the services in 2008/09, a decrease of one percent (9,030) on 2007/08 (680,289), but an increase of 12 percent (70,849) on 2006/07 (600,410).
- At the four-week follow-up (i.e. number of 4 week quitters, as measured by the Vital Sign), 337,054 people had successfully quit (based on self-report), 50 percent of those setting a quit date. This was a decrease of four percent (13,746) on 2007/08 (350,800), but an increase of five percent (17,334) on 2006/07 (319,720).

The figures are very encouraging and suggest that SHAs and PCTs are on the whole maintaining support for NHS Stop Smoking Services. NHS Stop Smoking Services account for about a quarter of all successful quitters but PCT plans for achievement of four-week quitters do not reflect the entire effects of wider action on tobacco control.

NHS Stop Smoking Services are continuing to provide highly cost-effective support to smokers who want to stop. There have been quality improvements but continued focus on treatment effectiveness and the quality of services is needed to ensure that motivated smokers are given the best possible chance of success and DH guidance has been updated (March 2009), to help PCTs improve service delivery.



Figure 6
Number of successful quitters: seasonally adjusted



Maternity

In 2007, *Maternity Matters – Choice⁷, access and continuity of care in a safe service* set out a clear framework for the development of maternity services. Early access to maternity care improves outcomes for mothers and their babies. It set out four national guarantees that are to be available to women by the end of 2009:

- **Choice of how to access maternity care** – by going directly to a midwife or via their GP;
- **Choice of type of antenatal care** – depending on their circumstances, either midwifery care or care provided by a team of maternity health professionals including midwives and obstetricians;
- **Choice of place of birth** – either birth supported by a midwife at home; birth supported by a midwife in a local midwifery facility that might be based in the community, or in a hospital; or birth supported by a maternity team in a hospital; and
- **Choice of postnatal care** – how and where to access postnatal care, either in the home or in a community setting.

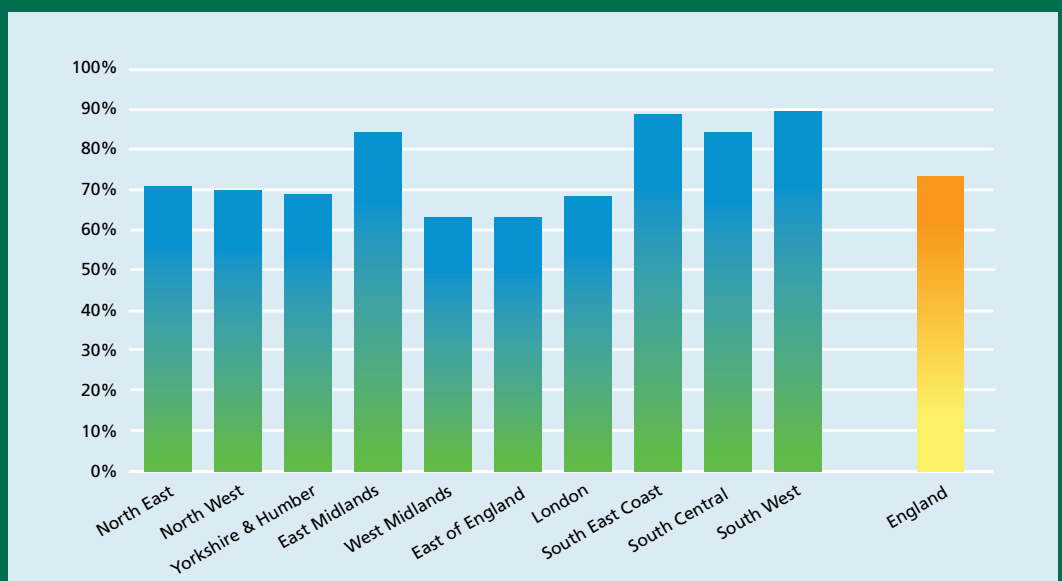
Putting women and their families at the centre of local maternity provision and enabling them to make informed choices starts with encouraging women to contact the health service as early as possible in their pregnancy.

For the first time the Department of Health is now able to report actual performance on the early access indicator for Q3 of 2008/09 (the number of assessments divided by the number of maternities). The actual data for Q3 of 2008/09 shows that 73.5 percent of women in England were assessed by 12 weeks and six days of pregnancy. The target remains at least 90 percent coverage of women assessed by 12 weeks and 6 days by 2010/11. However, there remain wide variations between SHAs and between PCTs, which need to be addressed.

The Chief Nursing Officer and David Flory will be writing to SHA Chief Executives setting out the Department of Health's expectations of what the NHS will have achieved in maternity services by the end of 2009 in accordance with the *NHS Operating Framework and Maternity Matters*.

⁷ Maternity Matters: Choice, access and continuity of care in a safe service (Department of Health; April 2007)

Figure 7
% of women assessed by 12 weeks and 6 days of pregnancy, 2008-09 Q3



Source: Vital Signs Monitoring Returns, Department of Health Unify2 system



Child and Adolescent Mental Health Services (CAMHS)

The NHS has a commitment to provide access to appropriate CAMHS services for children and young people. Access to these services is reported on a scale of 1-4 (1 lowest access and 4 highest). The latest data for Q1 (below) shows that PCTs are performing best against the '24-hour cover' and 'Age appropriate' accommodation proxies. The score of the newest proxy, a 'Full range of early intervention support commissioned by the local authorities and PCT in partnership', is much lower but is increasing as areas come to grips with it.

The results for the 'learning disabilities' proxy are more concerning. After dramatic increases in PCT scores between Q1 and Q3 in 2008/09, scores have been flat over the last two quarters. PCTs need to examine whether they have plans for improving their performance on this proxy in place and whether they require additional support to achieve this objective.

Figure 8
Access to
CAMHS

Rate	CAMHS for children and young people with learning disabilities	Age appropriate services for 16 and 17 year olds	24 hour cover	Full range of early intervention support services commissioned by the local authorities and PCT in partnership
1	0	0	0	0
2	2	0	1	10
3	80	53	40	88
4	70	99	111	54

Bed days for under 18 year olds on Adult Psychiatric Wards

The NHS met the Government’s commitment to ensure that no-one under the age of 16 years would be treated on adult psychiatric wards from 1 December 2008. However, the latest quarterly figures for the period January-March 2009 show three instances of young people in this age group having been treated on adult psychiatric wards, each for one day only. In addition, another case involved a young person admitted to an eating disorder unit.

It is not acceptable for young people to experience these situations. In all these cases, the organisations have investigated the circumstances and are putting arrangements in place to ensure that in future, similar situations are dealt with in line with the Government’s commitment.

The latest bed day figures for the period January – March 2009 for 16 and 17 year olds treated on adult psychiatric wards also showed a slight increase. This indicates that more needs to be done to ensure that the NHS is ready for the commencement of section 31(3) of the *Mental Health Act 2007 in England*⁸ in April 2010. The section places a duty on hospital managers to ensure that patients aged under 18 are treated in an environment in hospital which is suitable in regards to their age (subject to their needs).

“Under 16s will no longer be treated in adult psychiatric wards.”

⁸ Section 31(3) of the Mental Health Act 2007 in England (Department of Health; July 2008)

Figure 9
Number of bed days for 16 and 17 year olds on adult psychiatric wards 2007/08 – 2008/09





Chlamydia Screening

The data for 2008/09 for the National Chlamydia Screening Programme (NCSP) shows that the NHS made significant progress in the last quarter of the year, increasing coverage nationally to 15.9 percent against the 17 percent target for 2008/09. This is a commendable achievement, significantly better than the 4.9 percent achieved last year, and reflects the hard work of PCTs to increase the screening of 15 to 24 year olds for Chlamydia.

However, it also highlights that not all PCTs met the target this year. Overall, 67 PCTs (44 percent) did reach the 17 percent target, with 10 meeting or exceeding the 25 percent target for 2009/10 early, showing that this is achievable. At SHA level, five met the target overall compared to none last year.

Q1 data shows that:

- There has been a 45.4 percent increase in screening volumes, compared to the same quarter last year. Over 281,500 tests were reported outside of GUM clinics between 1 April 2009 – 30 June 2009.
- This brings the national coverage for Q1 to 4.1 percent, compared to 2.9 percent in the same period last year.

PCTs cannot afford to rest on achieving the ambitious targets for Chlamydia screening, which is 25 percent this year (2009/10), rising to 35 percent in the longer-term. In order to build a sustainable screening service for young people it is crucial to integrate Chlamydia within core sexual health services and for them to provide a quality service, in particular general practice, contraceptive and sexual health services and pharmacies.

Under-18 Conception Rate

Delivery of the teenage pregnancy target remains challenging and the latest data show a mixed picture. Following the increase in under-18 conception rates in 2007, quarterly data suggests there may be a decline in 2008, reverting to the steady downward trend established from 1998-2006. Both Q4 2007 and Q1 2008 conceptions data has seen a decline in this age group, and latest data for Q2 2008 show a two percent reduction in the under-18 conception rate compared to the same quarter in 2007. Abortion rates for the whole of 2008 are also down on the previous year. However, significant progress still needs to be made if the NHS is to deliver this important target in 2010.

Providing accessible, well publicised, 'young people friendly' contraception and sexual health services, adhering to *You're Welcome*⁹ criteria, is key to delivery of this target. Young people need to be motivated to access services as well as given the means to do so. To this end, some local areas have joined up their work with young people across multiple agencies, including youth services, looked after children, pupil referral units, alcohol and drugs services, and careers services. This can ensure that front line staff who are in contact with young people are trained in sexual health, and are comfortable addressing sexual health issues with young people and signposting them into more specialist services.

⁹ You're Welcome quality criteria: Making health services young people friendly (Department of Health; April 2007)

Immunisation and Vaccination

Measles, Mumps and Rubella (MMR)

A total of 865 laboratory-confirmed cases have been reported across England and Wales in the first five months of this year, which is more than double the number for the same period in 2008. In April and May this year, there were more than 200 cases each month, the highest monthly totals since the current surveillance method was introduced in 1995.

Cases continue to be reported across all regions but London and the South East remain particular hot spots for measles infections. The majority of confirmed cases continue to occur in those aged 1-18 years, the same group targeted by the Measles, Mumps and Rubella (MMR) catch up campaign, which began in August 2008.

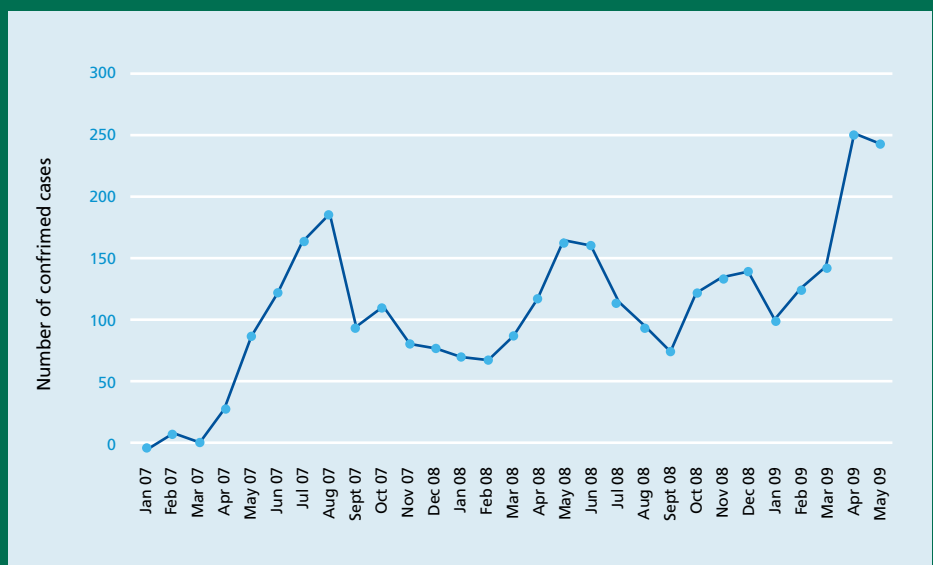
PCTs need to continue to drive increased uptake of the MMR vaccine in children up to the age of 18 years. This is important in reducing the risk of a major measles outbreak but also because we are seeing a sharp rise in mumps cases across England and Wales. There have been 2,886 confirmed cases reported between January and April 2009, many associated with outbreaks in colleges and universities. Driving up MMR rates in all children, particularly teenagers, will reduce the risk of further mumps cases.



Human Papillomavirus (HPV)

The HPV vaccination programme, which started in September 2008 to protect girls and young women from cervical cancer, has been extremely successful so far. Well over 80 percent of girls aged 12-13 years had received two doses of the vaccine by May 2009. Three doses of the vaccine are needed for protection, so PCTs need to focus on driving the uptake for the third dose to over 80 percent or higher.

Figure 10
Number of laboratory confirmed cases in England and Wales by month of onset: January 2007 to May 2009



Source: Health Protection Report: Volume 3, Number 27. Published 10/07/09



Stroke & Transient Ischemic Attack (TIA)

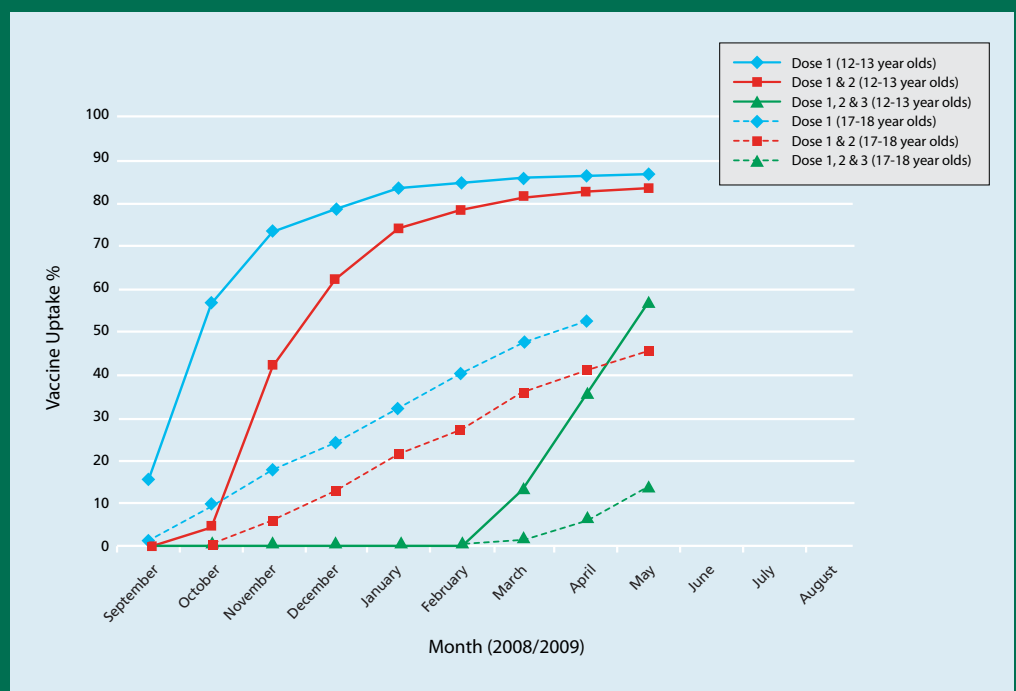
PCTs have committed to increase the number of stroke patients who spend at least 90 percent of their time in hospital on a stroke unit. The Department of Health and the NHS are working together to secure better data to measure this commitment. Q4 of 2008/09 (January – March 2009) information on PCT performance showed that 47 percent of patients spent at least 90 percent of their time on a stroke unit; and 14 PCTs reported meeting the 2010/11 expectation of 80 percent of patients spending at least 90 percent of their time on a stroke unit.

However, progress amongst the catch-up cohort of 17-18 year olds is limited. By May 2009, only 45.7 percent of 17-18 year olds had received two doses of vaccine, with 14.4 percent of the cohort being recorded as having completed the three-dose schedule. Preventing cervical cancer is important for women and it is therefore critical that the NHS meets this challenge by improving HPV vaccination uptake rates.

The majority of PCTs (124 out of 152 PCTs) submitted data at Q4 on the TIA element of the Vital Sign. Fifty-one reported exceeding the 2010/11 expectation of 60 percent of patients being treated within 24 hours. Overall 47 percent of TIA patients in the sample were treated within 24 hours.

This improvement in performance is a function of actual increases in performance and of the widening participation in the data collection. Further bedding down of this data collection is needed before the results can provide a confident picture of actual performance improvement.

Figure 11
HPV vaccine uptake for England 2008/2009 (PROVISIONAL – monthly cumulative)



4. Finance



The returns for the first quarter of 2009/10 show the NHS (excluding Foundation Trusts) forecasting an overall surplus of £1,476 million (i.e. just over 1.6 percent of total revenue resources). The Q1 forecast surplus means that overall the NHS is forecasting the full deployment of baseline and additional resources for 2009/10 together with just over £260 million

of the surplus brought forward from 2008/09. Each SHA area is forecasting a surplus in line with the *NHS Operating Framework 2009/10*. This level of overall surplus still provides the NHS with the capability to respond to variations in demand, whilst ensuring sufficient funds are available for investment in new services.

Figure 12 NHS Financial Performance by Strategic Health Authority area¹⁰

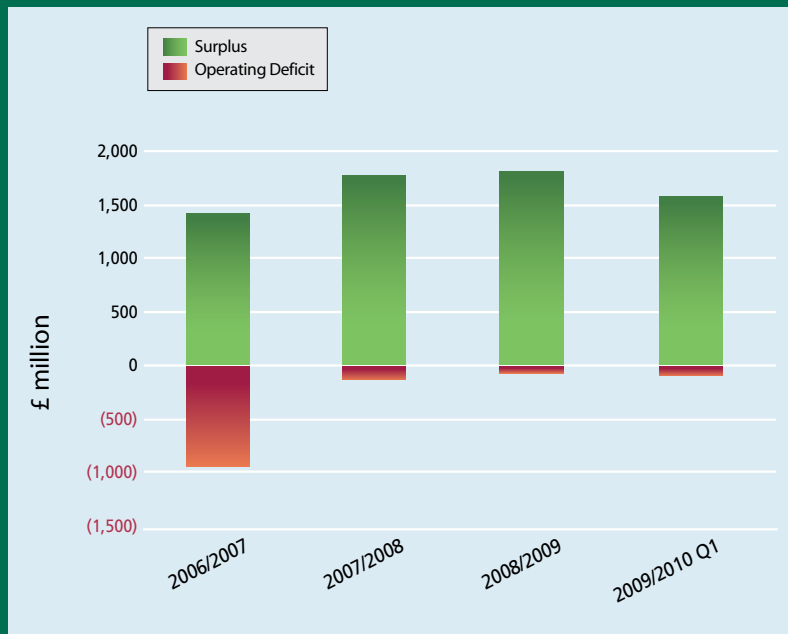
	2006/07 Outturn		2007/08 Outturn		2008/09 Outturn		2009/10 Quarter 1 Forecast Outturn	
	£m	%Resource Limit	£m	%Resource Limit	£m	%Resource Limit	£m	%Resource Limit
North East	75	1.9%	129	2.9%	126	2.7%	85	1.7%
North West	189	1.8%	317	2.7%	280	2.3%	200	1.5%
Yorkshire & The Humber	131	1.8%	259	3.2%	260	3.0%	190	2.0%
East Midlands	68	1.2%	130	2.1%	129	2.0%	100	1.4%
West Midlands	61	0.8%	153	1.9%	148	1.7%	105	1.1%
East of England	(153)	(2.2%)	85	1.1%	180	2.2%	168	1.8%
London	93	0.8%	285	2.2%	306	2.2%	375	2.4%
South East Coast	(43)	(0.8%)	85	1.4%	111	1.7%	83	1.2%
South Central	38	0.8%	75	1.4%	62	1.1%	50	0.8%
South West	56	0.8%	149	2.0%	137	1.7%	120	1.4%
Total	515	0.7%	1,667	2.1%	1,739	2.1%	1,476	1.6%

¹⁰ The last issue of the Quarter featured the NHS draft accounts (excluding Foundation Trusts) for 2008/09 year end and showed an overall surplus of £1,735 million. After completion of the audit of all 310 NHS organisations, the overall surplus increased slightly to £1,739 million. The last issue of the Quarter also stated that six organisations had reported an operating deficit in their 2008/09 draft accounts resulting in a total gross operating deficit of £58 million. After completion of the audit of all 310 NHS organisations, this increased to seven organisations reporting a gross operating deficit of £60 million in the 2008/09 final audited accounts. This was due to the addition of Buckinghamshire Hospitals NHS Trust which had previously reported a surplus in their draft accounts.

There are nine organisations forecasting an operating deficit at Q1 of 2009/10, with a combined forecast gross operating deficit of £85 million¹¹. The Department is continuing to work through the

SHAs to ensure that all the organisations forecasting an operating deficit in 2009/10 are developing recovery plans to return to financial balance whilst still maintaining and improving services to patients.

Figure 13
Surplus/
(Operating Deficit)



Previous editions of the *Quarter*, have referred to the performance of the organisations designated as Financially Challenged Trusts.

At the end of 2008/09 the Financially Challenged Trust regime was replaced by the new *NHS Performance Framework* which as well as assessing

the financial performance of NHS trusts, also assesses operational standards and targets, quality and safety and user experience. The results from the *NHS Performance Framework* are discussed in Section 6 of this report.

11 In addition to the operating deficits forecast in Q1 of 2009/10 shown above, there is a forecast gross technical deficit of £275 million, in a total of 26 NHS Trusts (three of these organisations also have an operating deficit).

A technical deficit is a deficit arising due to one or both of the following:

- a) **Impairments to Fixed Assets** – 2009/10 is the final year for organisations to revalue their assets to a Modern Equivalent Asset (MEA) basis of valuation. Therefore, in the next edition of the *Quarter* when most organisations are expected to have completed their revaluations, many are likely to be forecasting an impairment to their fixed assets and a number of these will result in technical deficits. An impairment charge is not considered to be part of the organisations operating position.
- b) **The Revenue cost of bringing PFI assets onto the balance sheet** (due to the introduction of International Financial Reporting Standards (IFRS) accounting in 2009/10). NHS Trust financial performance measurement needs to be aligned with the guidance issued by HM Treasury measuring Departmental expenditure. Therefore, the incremental revenue expenditure resulting from the application of IFRS to PFI, which has no cash impact and is not chargeable for overall budgeting purposes, should be reported as technical.

5. Experience, Satisfaction and Engagement

Patient reported experiences are one of the main elements that will help the NHS to embed quality as its guiding principle. Patient and staff experiences are getting better and the NHS is achieving high satisfaction levels. However, improving the experiences of patients, staff and users remains a priority in the *NHS Operating Framework*. There are a number of ways that the Department of Health records and measures these experiences, which are published periodically throughout the year. *The Quarter* reports highlight key results from these surveys as they are published. However, it is important that the NHS sustains the highest levels of care for all patients. Despite, higher levels of patient satisfaction overall, this is of little consolation to those patients being treated in one of the few organisations that have not kept pace with the best.

GP Patient Survey

The *GP Patient Survey*¹² is the biggest healthcare survey of its kind. The results from the latest *GP Patient Survey* published in June show that overall satisfaction with surgeries is very high at 91 percent, including 58 percent who reported they were very satisfied. However, the survey also highlights some areas for improvement such as improving access to GP surgeries by phone and being able to make an appointment with a GP more than 48 hours in advance.

Other key findings include:

- 84 percent of people who tried to get an appointment with a GP within 48 hours reported they were able to do so;
- 70 percent of people reported satisfaction with their ability to get through to their practice on the phone;
- 76 percent of people who wanted to book ahead for an appointment reported they could do so; and
- 77 percent of people who wanted an appointment with a particular GP (even if it meant waiting longer) reported they could do so.

Patient Environment Action Team (PEAT) scores for 2009

The *PEAT assessments*¹³ look annually at standards across a range of patient services to give hospitals an overall performance rating. The process was established in 2000 and, since 2006, has been managed by the National Patient Safety Agency (NPSA).

Hospitals in this instance are defined as inpatient healthcare facilities that have more than ten beds. The assessment teams consist of NHS staff, including nurses, matrons, doctors, catering and domestic service managers, executive and non-executive directors, dieticians and estates directors. Most also include patients, patient representatives and/or members of the public.

The results for 2009 show a significant improvement on previous years across each section, but the most notable results are in the patient environment category, which includes hospital cleanliness. This shows a significant improvement, with more facilities being scored as 'excellent' (5 percent increase since last year and up 10 percent since 2007), and a higher percentage rated 'excellent' or 'good' (84 percent compared with 76 percent last year).

For both 'food' and 'privacy and dignity' categories, more sites have been scored as 'excellent', which has also seen an annual increase for the past three years running.

The Department of Health is working with the NPSA to make the more detailed site-level data (that forms the basis of the PEAT assessments), available to Directors of Commissioning and Directors of Nursing in the local NHS. This provides the potential to drive local developments, for example by using the data alongside 'real-time' patient feedback, allowing services to build upon this improvement.

¹² GP Patient Survey 2008/09 (Department of Health; June 2009)

¹³ Patient Environment Action Team (PEAT) Assessments 2009 (National Patient Safety Agency; July 2009)

Patient Experience Scores

The latest published results for 2008/09 show improvements in patient reported experiences across a number of areas. New data points have also been included to record 'adult inpatients' and 'emergency department services users'.

The main findings were:

- Overall patient experience score in 2008/09 of 76.0 for adult inpatients, which is higher than the baseline score of 75.3 in 2007/08.
- Overall patient experience score in 2008/09 for emergency department users of 75.7, which is lower than the 75.8 achieved the last time the survey was conducted in 2004/05.
- 'Involvement in decisions about healthcare' for adult inpatients score of 71.3, which is higher than the score of 70.3 in 2007/08.
- 'Involvement in decisions about healthcare' for emergency department users score of 76.0, which is lower than the score of 74.9 achieved in 2004/05 (the last time the survey was conducted).

Individual trust scores from the *Adult Inpatients Survey* are available and organisations are encouraged to review their position and consider what action they need to take to improve patient experience. These scores are also used in the *NHS Performance Framework* with one of the four domains focused on patient experience.

Patient Reported Experiences of Black and Minority Ethnic Groups

The Department of Health, in conjunction with the Care Quality Commission (CQC), examines variations in the patient reported experiences within different ethnic groups¹⁴. The results are based on data from the National Patient Survey Programme led by the CQC. This is the second time that analysis of these patients' views has been carried out (first in May 2008) and the findings are similar. The main results show:

- There are a range of variations between black and minority ethnic (BME) groups and their British white counterparts. Where differences do exist most are negative, indicating that BME groups are less likely to report a positive experience of their care.
- Patients from the white Irish group were more likely to give a positive response than those in the White British group but Asian and Chinese groups were less likely.

- Patients' views from black groups were mixed, although they were less likely to report a positive experience of their care.

Patient Choice

Choice of provider for patients on referral to their first consultant-led outpatient appointment has been a legal right since 1 April 2009. Directions from the Secretary of State placed new duties on PCTs including a requirement to ensure that patients who need an elective referral are offered a choice of provider. Where a patient has not been offered that choice, and notifies the PCT to that effect, the PCT now has a duty to ensure the patient is able to choose any clinically appropriate secondary care provider. There are also duties to publicise and promote patients' entitlement to choice and publicise procedures on how to complain if patients feel that the PCT has failed to ensure that choice is offered.

Feedback from the latest *Patient Choice Survey* indicates that the percentage of patients recalling being offered a choice of hospital for their first outpatient appointment was 47 percent in March 2009, unchanged from March 2007. However, 50 percent of patients were aware before they visited their GP that they had a choice of hospitals for their first outpatient appointment, the same as in December 2008. The survey showed that 137 PCTs are scoring under 60 percent on patient recall of the offer of choice.

The patient choice survey data shows wide variation in performance between individual PCTs with the three best performing PCTs achieving over 70 percent of patients recalling being offered a choice (with a further 12 PCTs achieving over 60 percent). This indicates some PCTs can achieve substantially better than the national average with the best performing organisations being the benchmark to achieve improvements.

The survey figures show that there could be a large number of PCTs in breach of their legal requirements and that SHAs and PCTs need to do more to redress this. In order to strengthen performance on choice, the profile of choice will be strengthened in updates to the World Class Commissioning assurance framework and choice will also be a core component in both the *SHA Assurance Framework* and the forthcoming *NHS Performance Framework*. In addition, there are a large number of levers for PCTs to use to ensure that patients are offered choice.

¹⁴ Report on the experience of patients in black and minority ethnic groups 2008/09 (Department of Health & Care Quality Commission; June 2009)

6. NHS Performance Framework

The *NHS Performance Framework* is currently being applied to acute and ambulance trusts and will be extended to cover mental health trusts, PCT providers and commissioners in coming months. Foundation Trusts will not be assessed under this *Framework*, rather they will continue to be assessed against Monitor's *Compliance Framework*¹⁵.

The initial results for acute and ambulance trusts are published for the first time in Annex 12 of this issue of the Quarter. These reveal that nationally, there are 58 trusts 'Performing' (51 acute trusts and 7 ambulance trusts), 26 trusts with 'Performance under review' (22 acute trusts and 4 ambulance trusts) and eight trusts 'Underperforming' (all acute trusts).

The Department will be seeking assurance that SHAs and PCT commissioners have taken appropriate steps to engage with those organisations categorised as being 'Underperforming' and with 'Performance under review' respectively.

¹⁵ Compliance Framework 2009/10 (Monitor, Independent Regulator of NHS Foundation Trusts; March 2009)

NHS Performance Framework Results 'Performance under review' and 'Underperforming' Organisations	
EALING HOSPITAL NHS TRUST	PERFORMANCE UNDER REVIEW
EAST AND NORTH HERTFORDSHIRE NHS TRUST	PERFORMANCE UNDER REVIEW
EAST LANCASHIRE HOSPITALS NHS TRUST	PERFORMANCE UNDER REVIEW
IPSWICH HOSPITAL NHS TRUST	PERFORMANCE UNDER REVIEW
ISLE OF WIGHT NHS PCT	PERFORMANCE UNDER REVIEW
MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	PERFORMANCE UNDER REVIEW
MAYDAY HEALTHCARE NHS TRUST	PERFORMANCE UNDER REVIEW
MID ESSEX HOSPITAL SERVICES NHS TRUST	PERFORMANCE UNDER REVIEW
NEWHAM UNIVERSITY HOSPITAL NHS TRUST	PERFORMANCE UNDER REVIEW
NORTH MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST	PERFORMANCE UNDER REVIEW
NORTH WEST LONDON HOSPITALS NHS TRUST	PERFORMANCE UNDER REVIEW
NORTHAMPTON GENERAL HOSPITAL NHS TRUST	PERFORMANCE UNDER REVIEW
PLYMOUTH HOSPITALS NHS TRUST	PERFORMANCE UNDER REVIEW
PORTSMOUTH HOSPITALS NHS TRUST	PERFORMANCE UNDER REVIEW
ROYAL FREE HAMPSTEAD NHS TRUST	PERFORMANCE UNDER REVIEW
ROYAL NATIONAL ORTHOPAEDIC HOSPITAL NHS TRUST	PERFORMANCE UNDER REVIEW
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	PERFORMANCE UNDER REVIEW
THE WHITTINGTON HOSPITAL NHS TRUST	PERFORMANCE UNDER REVIEW
TRAFFORD HEALTHCARE NHS TRUST	PERFORMANCE UNDER REVIEW
UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	PERFORMANCE UNDER REVIEW
WESTON AREA HEALTH NHS TRUST	PERFORMANCE UNDER REVIEW
WHIPPS CROSS UNIVERSITY HOSPITAL NHS TRUST	PERFORMANCE UNDER REVIEW
BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST	UNDERPERFORMING
BARTS AND THE LONDON NHS TRUST	UNDERPERFORMING
HINCHINGBROOKE HEALTH CARE NHS TRUST	UNDERPERFORMING
NORTH BRISTOL NHS TRUST	UNDERPERFORMING
ROYAL CORNWALL HOSPITALS NHS TRUST	UNDERPERFORMING
SOUTH LONDON HEALTHCARE NHS TRUST	UNDERPERFORMING
THE LEWISHAM HOSPITAL NHS TRUST	UNDERPERFORMING
WEST MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST	UNDERPERFORMING
Ambulance Trusts	
EAST OF ENGLAND AMBULANCE SERVICE NHS TRUST	PERFORMANCE UNDER REVIEW
LONDON AMBULANCE SERVICE	PERFORMANCE UNDER REVIEW
SOUTH CENTRAL AMBULANCE SERVICE NHS TRUST	PERFORMANCE UNDER REVIEW
YORKSHIRE AMBULANCE SERVICE NHS TRUST	PERFORMANCE UNDER REVIEW

7. SHA Assurance Framework

Assurance



The NHS Operating Framework set out the intention to implement an SHA Assurance Framework, which would set out clear expectations for SHA roles and responsibilities and define the criteria for success.

The Department of Health and NHS South Central piloted a model of SHA Assurance on 11 and 12 May 2009. Key findings from the pilot are shaping the future process. SHA Assurance will now take place over ten months. This will ensure that the process remains an iterative one and the results of the assurance process will be published in respective SHA board papers.

The SHA Assurance model is not a traditional 'performance management' system in which the Department of Health simply seeks to hold to account SHAs on their performance against national

policy commitments. It is a process designed to be much broader in scope and developmental in nature. SHA Assurance is not an audit style approach to examine whether SHAs are performing against prescribed criteria, nor is it intended to question the role of SHAs as system managers or leaders of the local NHS. It is about strengthening the accountability of SHAs, supporting them to build their capacity and capability to lead and drive the quality and innovation agendas, and ensuring that they are prepared to meet the future challenges of their local health populations.

The next SHA Assurance assessment will take place in NHS East of England later this month (September 2009).

8. Conclusion

One year on from the Next Stage Review (NSR), *High Quality Care for All: Our journey so far*¹⁶ highlights the good progress that the NHS has made in implementing the vision for improving the quality of health services for patients. This progress is also acknowledged in *Building Britain's Future*¹⁷, which highlights the achievements of the NHS in reducing waiting times, healthcare associated infections, improving access and sustaining high levels of patient satisfaction and financial health. It is clear that the NHS has much to be proud of in terms of improving patient services. However, both reports are clear about the need for driving further reforms in the NHS. Quality improvement is the guiding principle, supported by improving innovation, efficiency and productivity and providing health services that focus on prevention over cure; the Quality, Innovation, Productivity and Prevention agenda.

This report shows that the NHS has made a good start to the year. However, the results of the *NHS Performance Framework* have highlighted where improvements need to be made to ensure that every patient receives the same high quality care.

Continuing the journey towards delivering high quality care for all, driving forward the implementation of Quality, Innovation, Productivity and Prevention and ensuring delivery of priorities, all present significant challenges for the NHS, especially in the current economic climate. However, the NHS is well placed to meet these challenges and I look forward to working with you to achieve this.

¹⁶ High Quality Care for All: Our journey so far (Department of Health; June 2009)

¹⁷ Building Britain's Future (HM Government; June 2009)

conclusion



Annex 1: North East SHA

Organisation Name	2006/07 Annual Accounts Surplus/ (Deficit) £000s	2007/08 Annual Accounts Surplus/ (Deficit) £000s	2008/09 Annual Accounts Surplus/ (Deficit) £000s	2009/10 Q1 Forecast Outturn Surplus/ (Operating Deficit) £000s	2009/10 Q1 Forecast Outturn Turnover £000s	2009/10 Q1 Forecast Outturn Surplus/ (Operating Deficit) as % Turnover
COUNTY DURHAM AND DARLINGTON ACUTE HOSPITALS NHS TRUST (1)	1,374	n/a	n/a	n/a	n/a	n/a
COUNTY DURHAM PCT	242	981	918	1,000	937,723	0.1%
DARLINGTON PCT	56	101	301	300	172,719	0.2%
GATESHEAD PCT	469	297	146	0	367,834	0.0%
HARTLEPOOL PCT	70	212	126	100	171,115	0.1%
MIDDLESBROUGH PCT	3,379	341	633	250	276,772	0.1%
NEWCASTLE PCT	860	1,082	4,616	1,200	509,012	0.2%
NEWCASTLE UPON TYNE HOSPITALS NHS TRUST (2)	1	n/a	n/a	n/a	n/a	n/a
NORTH EAST AMBULANCE SERVICE NHS TRUST	122	350	2,249	3,512	99,225	3.5%
NORTH EAST SHA	64,511	85,826	99,407	71,740	357,469	20.1%
NORTH TEES AND HARTLEPOOL NHS TRUST (3)	3,222	10,061	n/a	n/a	n/a	n/a
NORTH TYNESIDE PCT	380	178	563	300	360,227	0.1%
NORTHUMBERLAND CARE PCT	(4,697)	373	443	0	517,745	0.0%
NORTHUMBERLAND, TYNE AND WEAR NHS TRUST	53	3,498	3,852	4,198	299,012	1.4%
NORTHUMBRIA HEALTH CARE NHS TRUST (4)	2	n/a	n/a	n/a	n/a	n/a
REDCAR AND CLEVELAND PCT	934	1,352	380	500	246,829	0.2%
SOUTH TEES HOSPITALS NHS TRUST (5)	302	17,280	10,445	0	35,517	0.0%
SOUTH TYNESIDE PCT	422	719	592	750	289,955	0.3%
STOCKTON-ON-TEES TEACHING PCT	2,184	3,311	156	400	306,697	0.1%
SUNDERLAND TEACHING PCT	347	1,190	388	750	522,066	0.1%
TEES, ESK AND WEAR VALLEYS NHS TRUST (6)	275	2,104	483	n/a	n/a	n/a
TOTAL SHA ECONOMY	74,508	129,256	125,698	85,000		

For FTs the forecast position is only for the time when the organisation was an NHS Trust

- 1 County Durham and Darlington Acute Hospitals NHS Trust achieved Foundation Trust status on 1st February 2007.
- 2 Newcastle Upon Tyne Hospitals NHS Trust achieved Foundation Trust status on 1st June 2006.
- 3 North Tees and Hartlepool NHS Trust achieved Foundation Trust status on 1st December 2007.
- 4 Northumbria Healthcare NHS Trust achieved Foundation Trust status on 1st August 2006.
- 5 South Tees Hospitals NHS Trust achieved Foundation Trust status on 1st May 2009.
- 6 Tees, Esk and Wear Valley NHS Trust achieved Foundation Trust status on 1st July 2008.

In addition to the operating deficits forecast in Quarter 1, 2009/10 shown above, the following organisation(s) also forecast a technical deficit (£m) in the same period. A technical deficit is a deficit arising due to:

- a) impairments including those attributable to the transition to MEA (Modern Equivalent Assets) valuation, or
- b) incurring additional non-cash revenue charges associated with bringing PFI assets on the balance sheet due to the introduction of IFRS accounting in 2009/10. This is a non-cash issue that is not recognised for NHS budgeting purposes.

South Tees Hospitals NHS Trust (£4m)

Note: SHA and PCT turnover equals the revenue resource limit they are allocated. Trust turnover is all the income they receive including income from PCTs. Trust income should therefore be excluded from any aggregation of SHA economy turnover to avoid double counting resources.

Annex 2: North West

A - C Organisation Name	2006/07 Annual Accounts Surplus/ (Deficit) £000s	2007/08 Annual Accounts Surplus/ (Deficit) £000s	2008/09 Annual Accounts Surplus/ (Deficit) £000s	2009/10 Q1 Forecast Outturn Surplus/ (Operating Deficit) £000s	2009/10 Q1 Forecast Outturn Turnover £000s	2009/10 Q1 Forecast Outturn Surplus/ (Operating Deficit) as % Turnover
5 BOROUGHS PARTNERSHIP NHS TRUST	545	958	1,482	2,000	105,115	1.9%
AINTREE HOSPITALS NHS TRUST (1)	5	n/a	n/a	n/a	n/a	n/a
ASHTON, LEIGH AND WIGAN PCT	2,163	1,641	2,495	600	544,549	0.1%
BLACKBURN WITH DARWEN PCT	2,880	4,753	2,048	1,000	279,543	0.4%
BLACKPOOL PCT	2,026	2,703	3,193	2,532	283,858	0.9%
BLACKPOOL, FYLDE AND WYRE HOSPITALS NHS TRUST (2)	1,572	3,828	n/a	n/a	n/a	n/a
BOLTON HOSPITALS NHS TRUST (3)	45	1,735	(2,351)	n/a	n/a	n/a
BOLTON PCT	827	988	992	1,000	453,690	0.2%
BOLTON, SALFORD AND TRAFFORD MENTAL HEALTH NHS TRUST (4)	252	200	n/a	n/a	n/a	n/a
BURY PCT	162	98	41	0	292,869	0.0%
CALDERSTONES NHS TRUST (5)	241	185	1,520	n/a	n/a	n/a
CENTRAL AND EASTERN CHESHIRE PCT	630	1,007	336	60	671,674	0.0%
CENTRAL LANCASHIRE PCT	3,129	6,172	8,558	3,006	733,154	0.4%
CENTRAL MANCHESTER AND MANCHESTER CHILDREN'S UNIVERSITY HOSPITALS NHS TRUST (6)	1,317	336	4,715	n/a	n/a	n/a
CHESHIRE AND WIRRAL PARTNERSHIP NHS TRUST (7)	116	129	n/a	n/a	n/a	n/a
CHRISTIE HOSPITAL NHS TRUST (8)	3,704	n/a	n/a	n/a	n/a	n/a
CLATTERBRIDGE CENTRE FOR ONCOLOGY NHS TRUST (9)	523	n/a	n/a	n/a	n/a	n/a
CUMBRIA TEACHING PCT	(36,703)	530	233	200	807,805	0.0%

For FTs the forecast position is only for the time when the organisation was an NHS Trust

- 1 Aintree Hospitals NHS Trust achieved Foundation Trust status on 1st August 2006.
- 2 Blackpool, Fylde and Wyre Hospitals NHS Trust achieved Foundation Trust status on 1st December 2007.
- 3 Bolton Hospitals NHS Trust achieved Foundation Trust status on 1st October 2008.
- 4 Bolton, Salford and Trafford Mental Health NHS Trust achieved Foundation Trust status on 1st February 2008.
- 5 Calderstones NHS Trust achieved Foundation Trust status on 1st April 2009.
- 6 Central Manchester and Manchester Children's University Hospitals NHS Trust achieved Foundation Trust status on 1st January 2009.
- 7 Cheshire and Wirral Partnership NHS Trust achieved Foundation Trust status on 1st July 2007.
- 8 Christie Hospital NHS Trust achieved Foundation Trust status on 1st April 2007.
- 9 Clatterbridge Centre for Oncology NHS Trust achieved Foundation Trust status on 1st August 2006.

Annex 2: North West

E - P Organisation Name	2006/07 Annual Accounts Surplus/ (Deficit) £000s	2007/08 Annual Accounts Surplus/ (Deficit) £000s	2008/09 Annual Accounts Surplus/ (Deficit) £000s	2009/10 Q1 Forecast Outturn Surplus/ (Deficit) £000s	2009/10 Q1 Forecast Outturn Turnover £000s	2009/10 Q1 Forecast Outturn Surplus/ (Operating Deficit) as % Turnover
EAST CHESHIRE NHS TRUST	(5,895)	885	522	2,183	110,030	2.0%
EAST LANCASHIRE HOSPITALS NHS TRUST	310	223	133	0	313,452	0.0%
EAST LANCASHIRE TEACHING PCT	3,794	9,901	2,464	1,000	652,980	0.2%
HALTON AND ST HELENS PCT	279	167	420	500	568,397	0.1%
HEYWOOD, MIDDLETON AND ROCHDALE PCT	2,338	4,845	3,051	500	382,375	0.1%
KNOWSLEY PCT	2,418	1,726	4,819	516	322,141	0.2%
LANCASHIRE CARE NHS TRUST (10)	92	1,187	n/a	n/a	n/a	n/a
LIVERPOOL HEART AND CHEST HOSPITAL NHS TRUST	27	27	4,337	2,633	100,162	2.6%
LIVERPOOL PCT	3,840	10,644	6,429	5,272	978,310	0.5%
MANCHESTER MENTAL HEALTH AND SOCIAL CARE NHS TRUST	85	455	521	499	95,736	0.5%
MANCHESTER PCT	176	1,147	687	0	988,055	0.0%
MERSEY CARE NHS TRUST	99	500	500	2,000	194,008	1.0%
NORTH CHESHIRE HOSPITALS NHS TRUST (11)	(6,695)	6,991	1,060	n/a	n/a	n/a
NORTH CUMBRIA MENTAL HEALTH AND LEARNING DISABILITIES NHS TRUST (12)	321	1,562	n/a	n/a	n/a	n/a
NORTH CUMBRIA UNIVERSITY HOSPITALS NHS TRUST	97	51	993	1,000	217,900	0.5%
NORTH LANCASHIRE TEACHING PCT	984	418	2,051	1,565	539,022	0.3%
NORTH WEST AMBULANCE SERVICE NHS TRUST	130	111	840	1,011	240,954	0.4%
NORTH WEST SHA	206,355	206,829	245,142	162,845	875,705	18.6%
OLDHAM PCT	1,436	1,441	1,528	1,622	406,958	0.4%
PENNINE ACUTE HOSPITALS NHS TRUST	(9,170)	9,472	48	292	559,770	0.1%
PENNINE CARE NHS TRUST (13)	543	612	388	n/a	n/a	n/a

For FTs the forecast position is only for the time when the organisation was an NHS Trust

10 Lancashire Care NHS Trust achieved Foundation Trust status on 1st December 2007.

11 North Cheshire Hospitals NHS Trust achieved Foundation Trust status on 1st December 2008.

12 North Cumbria Mental Health and Learning Disabilities NHS Trust achieved Foundation Trust status on 1st October 2007.

13 Pennine Care NHS Trust achieved Foundation Trust status on 1st July 2008.

Annex 2: North West

R - W Organisation Name	2006/07 Annual Accounts Surplus/ (Deficit) £000s	2007/08 Annual Accounts Surplus/ (Deficit) £000s	2008/09 Annual Accounts Surplus/ (Deficit) £000s	2009/10 Q1 Forecast Outturn Surplus/ (Deficit) £000s	2009/10 Q1 Forecast Outturn Turnover £000s	2009/10 Q1 Forecast Outturn Surplus/ (Operating Deficit) as % Turnover
ROYAL LIVERPOOL BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	406	1,813	2,781	1,045	373,942	0.3%
ROYAL LIVERPOOL CHILDREN'S NHS TRUST (14)	21	296	301	n/a	n/a	n/a
SALFORD PCT	2,896	973	1,991	1,000	452,199	0.2%
SALFORD ROYAL HOSPITALS NHS TRUST (15)	837	n/a	n/a	n/a	n/a	n/a
SEFTON PCT	13	605	287	387	502,889	0.1%
SOUTH MANCHESTER UNIVERSITY HOSPITALS NHS TRUST (16)	28	n/a	n/a	n/a	n/a	n/a
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	(2,823)	2,823	802	0	143,008	0.0%
ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST	257	219	(22,687)	211	241,418	0.1%
STOCKPORT PCT	190	1,735	238	0	451,708	0.0%
TAMESIDE AND GLOSSOP ACUTE SERVICES NHS TRUST (17)	227	758	n/a	n/a	n/a	n/a
TAMESIDE AND GLOSSOP PCT	2,238	1,931	1,980	0	403,330	0.0%
THE MID CHESHIRE HOSPITALS NHS TRUST (18)	60	2,258	n/a	n/a	n/a	n/a
TRAFFORD HEALTHCARE NHS TRUST	(5,973)	524	(2,186)	(5,020)	92,009	(5.5%)
TRAFFORD PCT	17	1,054	133	500	349,935	0.1%
UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS TRUST	932	2,884	1,889	2,099	241,705	0.9%
WALTON CENTRE FOR NEUROLOGY AND NEUROSURGERY NHS TRUST	500	500	2,812	2,162	66,592	3.2%
WARRINGTON PCT	(2,439)	1,603	557	500	304,372	0.2%
WESTERN CHESHIRE PCT	3,999	900	1,598	1,280	399,600	0.3%
WIRRAL HOSPITAL NHS TRUST (19)	53	48	n/a	n/a	n/a	n/a
WIRRAL PCT	275	9,670	3,310	2,000	599,019	0.3%
WRIGHTINGTON, WIGAN AND LEIGH NHS TRUST (20)	2,633	2,235	(13,002)	n/a	n/a	n/a
TOTAL SHA ECONOMY	189,345	317,286	279,999	200,000		

14 Royal Liverpool Children's NHS Trust achieved Foundation Trust status on 1st August 2008.

15 Salford Royal Hospitals NHS Trust achieved Foundation Trust status on 1st August 2006.

16 South Manchester University Hospitals NHS Trust achieved Foundation Trust status on 1st November 2006.

17 Tameside and Glossop Acute Services NHS Trust achieved Foundation Trust status on 1st February 2008.

18 The Mid Cheshire Hospitals NHS Trust achieved Foundation Trust status on 1st April 2008.

19 Wirral Hospital NHS Trust achieved Foundation Trust status on 1st July 2007.

20 Wrightington, Wigan and Leigh NHS Trust achieved Foundation Trust status on 1st December 2008.

It is reporting a technical deficit in 2008/09 due to impairments. There is no operating deficit.

In addition to the operating deficits forecast in Quarter 1, 2009/10 shown above, the following organisation(s) also forecast a technical deficit (£m) in the same period. A technical deficit is a deficit arising due to:

- impairments including those attributable to the transition to MEA (Modern Equivalent Assets) valuation, or
- incurring additional non-cash revenue charges associated with bringing PFI assets on the balance sheet due to the introduction of IFRS accounting in 2009/10. This is a non-cash issue that is not recognised for NHS budgeting purposes.

East Lancashire Hospitals NHS Trust (£7m)

Mersey Care NHS Trust (£40m)

Pennine Acute Hospitals NHS Trust (£16m)

Royal Liverpool Broadgreen University Hospital NHS Trust (£2m)

St Helens and Knowsley Teaching Hospitals NHS Trust (£36m)

Trafford Healthcare NHS Trust (£2m)

Note: SHA and PCT turnover equals the revenue resource limit they are allocated. Trust turnover is all the income they receive including income from PCTs. Trust income should therefore be excluded from any aggregation of SHA economy turnover to avoid double counting resources.

Annex 3: Yorkshire and the Humber

A - R Organisation Name	2006/07 Annual Accounts Surplus/ (Deficit) £000s	2007/08 Annual Accounts Surplus/ (Deficit) £000s	2008/09 Annual Accounts Surplus/ (Deficit) £000s	2009/10 Q1 Forecast Outturn Surplus/ (Operating Deficit) £000s	2009/10 Q1 Forecast Outturn Turnover £000s	2009/10 Q1 Forecast Outturn Surplus/ (Operating Deficit) as % Turnover
AIREDALE NHS TRUST	275	522	759	605	123,067	0.5%
BARNSELY PCT	1,281	2,650	2,510	3,400	428,821	0.8%
BRADFORD AND AIREDALE TEACHING PCT	3,181	2,875	3,457	6,800	870,037	0.8%
BRADFORD DISTRICT CARE TRUST	4	550	546	100	118,084	0.1%
CALDERDALE AND HUDDERSFIELD NHS TRUST (1)	81	n/a	n/a	n/a	n/a	n/a
CALDERDALE PCT	542	1,338	2,000	2,600	328,730	0.8%
DONCASTER AND SOUTH HUMBER HEALTHCARE NHS TRUST (2)	168	418	n/a	n/a	n/a	n/a
DONCASTER PCT	1,696	3,643	2,760	4,215	542,633	0.8%
EAST RIDING OF YORKSHIRE PCT	(1,958)	2,765	1,997	3,600	455,954	0.8%
HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	165	6,755	5,020	8,365	463,122	1.8%
HULL TEACHING PCT	3,271	8,339	6,548	3,800	487,516	0.8%
HUMBER MENTAL HEALTH TEACHING NHS TRUST	24	353	1,376	1,832	83,256	2.2%
KIRKLEES PCT	906	4,405	2,787	2,900	631,926	0.5%
LEEDS MENTAL HEALTH TEACHING NHS TRUST (3)	2,515	541	n/a	n/a	n/a	n/a
LEEDS PCT	435	3,312	5,150	5,000	1,249,585	0.4%
LEEDS TEACHING HOSPITALS NHS TRUST	355	3,093	471	0	939,180	0.0%
MID YORKSHIRE HOSPITALS NHS TRUST	(11,688)	767	32,706	0	382,027	0.0%
NORTH EAST LINCOLNSHIRE CARE TRUST PLUS (4)	0	1,052	1,146	2,200	272,002	0.8%
NORTH LINCOLNSHIRE PCT	(5,581)	1,196	1,107	1,200	247,728	0.5%
NORTH YORKSHIRE AND YORK PCT	(32,067)	(18,226)	2,401	0	1,122,043	0.0%
NORTHERN LINCOLNSHIRE AND GOOLE HOSPITALS NHS TRUST (5)	446	69	n/a	n/a	n/a	n/a
ROTHERHAM PCT	2,642	2,561	1,597	2,105	435,202	0.5%

For FTs the forecast position is only for the time when the organisation was an NHS Trust

- 1 Calderdale and Huddersfield NHS Trust achieved Foundation Trust status on 1st August 2006.
- 2 Doncaster and South Humber Healthcare NHS Trust achieved Foundation Trust status on 1st July 2007.
- 3 Leeds Mental Health Teaching NHS Trust achieved Foundation Trust status on 1st August 2007.
- 4 North East Lincolnshire Care Trust Plus was formed following the dissolution of North East Lincolnshire PCT on 1st September 2007.
- 5 Northern Lincolnshire and Goole Hospitals NHS Trust achieved Foundation Trust status on 1st May 2007.

Annex 3: Yorkshire and the Humber

S - Z Organisation Name	2006/07 Annual Accounts Surplus/ (Deficit) £000s	2007/08 Annual Accounts Surplus/ (Deficit) £000s	2008/09 Annual Accounts Surplus/ (Deficit) £000s	2009/10 Q1 Forecast Outturn Surplus/ (Operating Deficit) £000s	2009/10 Q1 Forecast Outturn Turnover £000s	2009/10 Q1 Forecast Outturn Surplus/ (Operating Deficit) as % Turnover
SCARBOROUGH AND NORTH EAST YORKSHIRE HEALTHCARE NHS TRUST	(7,199)	98	1,873	1,900	116,687	1.6%
SHEFFIELD CARE TRUST (6)	8	388	80	n/a	n/a	n/a
SHEFFIELD CHILDREN'S NHS TRUST (7)	340	n/a	n/a	n/a	n/a	n/a
SHEFFIELD PCT	1,192	1,660	1,712	4,500	932,190	0.5%
SOUTH WEST YORKSHIRE MENTAL HEALTH NHS TRUST (8)	163	2,291	1,015	164	10,157	1.6%
WAKEFIELD DISTRICT PCT	72	2,223	2,580	7,300	592,900	1.2%
YORK HOSPITALS NHS TRUST (9)	(3,485)	n/a	n/a	n/a	n/a	n/a
YORKSHIRE AMBULANCE SERVICE NHS TRUST	(4,467)	251	151	0	199,502	0.0%
YORKSHIRE AND THE HUMBER SHA	178,022	223,198	178,249	127,414	750,626	17.0%
TOTAL SHA ECONOMY	131,339	259,087	259,998	190,000		

For FTs the forecast position is only for the time when the organisation was an NHS Trust

6 Sheffield Care Trust achieved Foundation Trust status on 1st July 2008.

7 Sheffield Children's NHS Trust achieved Foundation Trust status on 1st August 2006.

8 South West Yorkshire Mental Health NHS Trust achieved Foundation Trust status on 1st May 2009.

9 York Hospital NHS Trust achieved Foundation Trust status on 1st April 2007.

Note: SHA and PCT turnover equals the revenue resource limit they are allocated. Trust turnover is all the income they receive including income from PCTs. Trust income should therefore be excluded from any aggregation of SHA economy turnover to avoid double counting resources.

Annex 4: East Midlands

Organisation Name	2006/07 Annual Accounts Surplus/ (Deficit) £000s	2007/08 Annual Accounts Surplus/ (Deficit) £000s	2008/09 Annual Accounts Surplus/ (Deficit) £000s	2009/10 Q1 Forecast Outturn Surplus/ (Operating Deficit) £000s	2009/10 Q1 Forecast Outturn Turnover £000s	2009/10 Q1 Forecast Outturn Surplus/ (Operating Deficit) as % Turnover
BASSETLAW PCT	1,344	2,663	2,689	1,430	180,656	0.8%
DERBY CITY PCT	4,680	2,032	2,303	650	428,478	0.2%
DERBYSHIRE COUNTY PCT	4,867	4,122	4,761	1,200	1,094,561	0.1%
DERBYSHIRE MENTAL HEALTH SERVICES NHS TRUST	501	518	990	1,000	102,124	1.0%
EAST MIDLANDS AMBULANCE SERVICE NHS TRUST	238	298	1,564	2,048	149,929	1.4%
EAST MIDLANDS SHA	80,476	55,151	69,833	58,384	449,936	14.1%
KETTERING GENERAL HOSPITAL NHS TRUST (1)	543	2,705	3,444	n/a	n/a	n/a
LEICESTER CITY PCT	136	2,206	2,244	200	515,062	0.0%
LEICESTERSHIRE COUNTY AND RUTLAND PCT	(17,755)	199	1,049	1,000	878,400	0.1%
LEICESTERSHIRE PARTNERSHIP NHS TRUST	7	303	683	2,137	134,730	1.6%
LINCOLNSHIRE PARTNERSHIP NHS TRUST (2)	462	922	n/a	n/a	n/a	n/a
LINCOLNSHIRE TEACHING PCT	3,738	6,998	7,011	5,000	1,104,531	0.5%
NORTHAMPTON GENERAL HOSPITAL NHS TRUST	156	1,834	2,100	2,074	216,186	1.0%
NORTHAMPTONSHIRE HEALTHCARE NHS TRUST (3)	310	2,438	342	0	8,914	0.0%
NORTHAMPTONSHIRE TEACHING PCT	(7,911)	4,159	4,387	4,636	977,095	0.5%
NOTTINGHAM CITY PCT	4,946	6,422	2,283	2,420	522,936	0.5%
NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	(6,803)	7,069	5,557	7,000	702,805	1.0%
NOTTINGHAMSHIRE COUNTY TEACHING PCT	8,763	9,820	10,003	5,000	1,001,009	0.5%
NOTTINGHAMSHIRE HEALTHCARE NHS TRUST	284	7,458	3,905	2,400	291,378	0.8%
SHERWOOD FOREST HOSPITALS NHS TRUST (4)	2,470	n/a	n/a	n/a	n/a	n/a
UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	(13,761)	12,488	366	3,635	380,311	1.0%
UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	61	577	3,018	0	683,187	0.0%
TOTAL SHA ECONOMY	67,752	130,382	128,532	100,214		

For FTs the forecast position is only for the time when the organisation was an NHS Trust

- 1 Kettering General Hospital NHS Trust achieved Foundation Trust status on 1st November 2008.
- 2 Lincolnshire Partnership NHS Trust achieved Foundation Trust status on 1st October 2007.
- 3 Northamptonshire Healthcare NHS Trust achieved Foundation Trust status on 1st May 2009.
- 4 Sherwood Forest Hospitals NHS Trust achieved Foundation Trust status on 1st February 2007.

In addition to the operating deficits forecast in Quarter 1, 2009/10 shown above, the following organisation(s) also forecast a technical deficit (£m) in the same period. A technical deficit is a deficit arising due to:

- a) impairments including those attributable to the transition to MEA (Modern Equivalent Assets) valuation, or
- b) incurring additional non-cash revenue charges associated with bringing PFI assets on the balance sheet due to the introduction of IFRS accounting in 2009/10. This is a non-cash issue that is not recognised for NHS budgeting purposes.

Derbyshire Mental Health Services NHS Trust (£4m)
Northamptonshire Healthcare NHS Foundation Trust (£2m)
University Hospitals of Leicester NHS Trust (£2m)

Note: SHA and PCT turnover equals the revenue resource limit they are allocated. Trust turnover is all the income they receive including income from PCTs. Trust income should therefore be excluded from any aggregation of SHA economy turnover to avoid double counting resources.

Annex 5: West Midlands

B - R Organisation Name	2006/07 Annual Accounts Surplus/ (Deficit) £000s	2007/08 Annual Accounts Surplus/ (Deficit) £000s	2008/09 Annual Accounts Surplus/ (Deficit) £000s	2009/10 Q1 Forecast Outturn Surplus/ (Operating Deficit) £000s	2009/10 Q1 Forecast Outturn Turnover £000s	2009/10 Q1 Forecast Outturn Surplus/ (Operating Deficit) as % Turnover
BIRMINGHAM AND SOLIHULL MENTAL HEALTH NHS TRUST (1)	1,764	3,900	1,206	n/a	n/a	n/a
BIRMINGHAM CHILDREN'S HOSPITAL NHS TRUST (2)	547	n/a	n/a	n/a	n/a	n/a
BIRMINGHAM EAST AND NORTH PCT	(947)	3,245	1,922	2,447	696,031	0.4%
BIRMINGHAM WOMEN'S HEALTH CARE NHS TRUST (3)	98	707	n/a	n/a	n/a	n/a
BURTON HOSPITALS NHS TRUST (4)	938	40	2,666	n/a	n/a	n/a
COVENTRY AND WARWICKSHIRE PARTNERSHIP NHS TRUST (5)	12	264	1,863	236	141,416	0.2%
COVENTRY TEACHING PCT	(6,790)	3,894	4,983	4,265	554,877	0.8%
DUDLEY AND WALSALL MENTAL HEALTH PARTNERSHIP NHS TRUST	n/a	n/a	202	101	67,877	0.1%
DUDLEY GROUP OF HOSPITALS NHS TRUST (6)	5,009	10,524	3,886	n/a	n/a	n/a
DUDLEY PCT	3,565	2,084	2,055	0	478,007	0.0%
GEORGE ELIOT HOSPITAL NHS TRUST	1,303	1,382	964	1,045	102,217	1.0%
GOOD HOPE HOSPITAL NHS TRUST (7)	1,684	n/a	n/a	n/a	n/a	n/a
HEART OF BIRMINGHAM TEACHING PCT	5,268	9,685	9,683	7,371	576,855	1.3%
HEREFORD HOSPITALS NHS TRUST	1,308	1,126	544	1,100	114,764	1.0%
HEREFORDSHIRE PCT	1,863	475	475	770	273,090	0.3%
MID STAFFORDSHIRE GENERAL HOSPITALS NHS TRUST (8)	1,126	253	n/a	n/a	n/a	n/a
NORTH STAFFORDSHIRE COMBINED HEALTHCARE NHS TRUST	80	214	256	321	90,775	0.4%
NORTH STAFFORDSHIRE PCT	(3,647)	1,058	1,999	1,898	331,559	0.6%
ROBERT JONES AND AGNES HUNT ORTHOPAEDIC HOSPITAL NHS TRUST	(2,109)	1,146	999	1,132	78,750	1.4%
ROYAL ORTHOPAEDIC HOSPITAL NHS TRUST (9)	3,764	n/a	n/a	n/a	n/a	n/a
ROYAL WOLVERHAMPTON HOSPITALS NHS TRUST	82	8,335	6,913	4,453	276,981	1.6%

For FTs the forecast position is only for the time when the organisation was an NHS Trust

- 1 Birmingham and Solihull Mental Health NHS Trust achieved Foundation Trust status on 1st July 2008.
- 2 Birmingham Children's Hospital NHS Trust achieved Foundation Trust status on 1st February 2007.
- 3 Birmingham Women's Health Care NHS Trust achieved Foundation Trust status on 1st February 2008.
- 4 Burton Hospitals NHS Trust achieved Foundation Trust status on 1st November 2008.
- 5 Coventry and Warwickshire Partnership NHS Trust was formed from the Mental Health elements of Rugby PCT, Coventry Teaching PCT, North Warwickshire PCT and South Warwickshire PCT.
- 6 Dudley Group of Hospitals NHS Trust achieved Foundation Trust status on 1st October 2008.
- 7 Good Hope Hospital NHS Trust became part of Heart of England Foundation Trust on 1st April 2007.
- 8 Mid Staffordshire General Hospitals NHS Trust achieved Foundation Trust status on 1st February 2008.
- 9 Royal Orthopaedic Hospital NHS Trust achieved Foundation Trust status on 1st February 2007.

Annex 5: West Midlands

S - W Organisation Name	2006/07 Annual Accounts Surplus/ (Deficit) £000s	2007/08 Annual Accounts Surplus/ (Deficit) £000s	2008/09 Annual Accounts Surplus/ (Deficit) £000s	2009/10 Q1 Forecast Outturn Surplus/ (Operating Deficit) £000s	2009/10 Q1 Forecast Outturn Turnover £000s	2009/10 Q1 Forecast Outturn Surplus/ (Operating Deficit) as % Turnover
SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST	3,399	6,524	2,547	2,469	367,900	0.7%
SANDWELL MENTAL HEALTH NHS AND SOCIAL CARE TRUST (10)	61	58	60	n/a	n/a	n/a
SANDWELL PCT	(2,286)	1,516	7,020	0	552,494	0.0%
SHREWSBURY AND TELFORD HOSPITAL NHS TRUST	(2,840)	4,102	4,127	4,380	254,885	1.7%
SHROPSHIRE COUNTY PCT	192	585	854	(2,469)	433,962	(0.6%)
SOLIHULL CARE TRUST	996	805	793	(2,000)	302,399	(0.7%)
SOUTH BIRMINGHAM PCT	4,697	6,500	6,505	4,700	613,584	0.8%
SOUTH STAFFORDSHIRE HEALTHCARE NHS TRUST (11)	(95)	n/a	n/a	n/a	n/a	n/a
SOUTH STAFFORDSHIRE PCT	804	4,606	4,676	4,523	867,126	0.5%
SOUTH WARWICKSHIRE GENERAL HOSPITALS NHS TRUST	170	2,412	6,842	5,949	126,337	4.7%
STAFFORDSHIRE AMBULANCE SERVICE NHS TRUST (12)	97	n/a	n/a	n/a	n/a	n/a
STOKE ON TRENT PCT	263	1,934	4,304	4,500	479,112	0.9%
TELFORD AND WREKIN PCT	1,782	6,977	7,247	5,373	255,280	2.1%
UNIVERSITY HOSPITAL OF NORTH STAFFORDSHIRE NHS TRUST	311	3,990	3,008	3,300	397,001	0.8%
UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST	54	201	4,825	3,200	463,353	0.7%
WALSALL HOSPITALS NHS TRUST	3,463	644	353	1,494	161,625	0.9%
WALSALL TEACHING PCT	6,860	8,963	11,602	5,499	456,545	1.2%
WARWICKSHIRE PCT	(7,880)	435	321	(9,312)	775,607	(1.2%)
WEST MIDLANDS AMBULANCE SERVICE NHS TRUST	75	235	156	254	166,402	0.2%
WEST MIDLANDS SHA	33,248	33,500	6,497	19,059	529,729	3.6%
WOLVERHAMPTON CITY PCT	6,534	13,833	24,874	18,385	450,194	4.1%
WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST	53	5,193	5,833	5,000	314,980	1.6%
WORCESTERSHIRE MENTAL HEALTH PARTNERSHIP NHS TRUST	(3,978)	61	2	1,046	70,378	1.5%
WORCESTERSHIRE PCT	168	1,885	4,865	4,692	808,172	0.6%
TOTAL SHA ECONOMY	61,066	153,291	147,927	105,181		

For FTs the forecast position is only for the time when the organisation was an NHS Trust

10 Sandwell Mental Health and Social Care NHS Trust achieved Foundation Trust status on 1st February 2009.

11 South Staffordshire Healthcare NHS Trust achieved Foundation Trust status on 1st May 2006.

12 Staffordshire Ambulance Service NHS Trust dissolved into West Midlands Ambulance Service NHS Trust.

In addition to the operating deficits forecast in Quarter 1, 2009/10 shown above, the following organisation(s) also forecast a technical deficit (£m) in the same period. A technical deficit is a deficit arising due to:

- impairments including those attributable to the transition to MEA (Modern Equivalent Assets) valuation, or
- incurring additional non-cash revenue charges associated with bringing PFI assets on the balance sheet due to the introduction of IFRS accounting in 2009/10. This is a non-cash issue that is not recognised for NHS budgeting purposes.

Dudley and Walsall Mental Health Partnership NHS Trust (£5m)

North Staffordshire Combined Healthcare NHS Trust (£3m)

University Hospital of North Staffordshire NHS Trust (£22m)

Worcestershire Mental Health Partnership NHS trust (£1m)

Note: SHA and PCT turnover equals the revenue resource limit they are allocated. Trust turnover is all the income they receive including income from PCTs. Trust income should therefore be excluded from any aggregation of SHA economy turnover to avoid double counting resources.

Annex 6: East of England

B - N Organisation Name	2006/07 Annual Accounts Surplus/ (Deficit) £000s	2007/08 Annual Accounts Surplus/ (Deficit) £000s	2008/09 Annual Accounts Surplus/ (Deficit) £000s	2009/10 Q1 Forecast Outturn Surplus/ (Operating Deficit) £000s	2009/10 Q1 Forecast Outturn Turnover £000s	2009/10 Q1 Forecast Outturn Surplus/ (Operating Deficit) as % Turnover
BEDFORD HOSPITALS NHS TRUST	3,513	2,234	2,118	1,287	129,495	1.0%
BEDFORDSHIRE AND LUTON MENTAL HEALTH AND SOCIAL CARE PARTNERSHIP NHS TRUST	527	130	751	751	75,314	1.0%
BEDFORDSHIRE PCT	(17,561)	133	330	500	577,974	0.1%
CAMBRIDGESHIRE AND PETERBOROUGH MENTAL HEALTH PARTNERSHIP NHS TRUST (1)	555	154	71	n/a	n/a	n/a
CAMBRIDGESHIRE PCT	(52,247)	752	760	0	803,705	0.0%
EAST AND NORTH HERTFORDSHIRE NHS TRUST	(1,527)	2,003	2,070	2,855	313,698	0.9%
EAST AND NORTH HERTFORDSHIRE PCT	(23,625)	20	1,683	1,000	785,157	0.1%
EAST OF ENGLAND AMBULANCE SERVICE NHS TRUST	1,157	104	283	0	237,503	0.0%
EAST OF ENGLAND SHA	62,293	32,683	124,757	127,339	699,683	18.2%
ESSEX RIVERS HEALTHCARE NHS TRUST (2)	8,611	2,939	875	n/a	n/a	n/a
GREAT YARMOUTH AND WAVENEY PCT	(1,483)	2,408	230	100	375,520	0.0%
HERTFORDSHIRE PARTNERSHIP NHS TRUST (3)	546	(1,522)	n/a	n/a	n/a	n/a
HINCHINGBROOKE HEALTH CARE NHS TRUST	(13,354)	(16,037)	98	0	95,205	0.0%
JAMES PAGET UNIVERSITY HOSPITALS NHS TRUST (4)	25	n/a	n/a	n/a	n/a	n/a
LUTON AND DUNSTABLE HOSPITAL NHS TRUST (5)	430	n/a	n/a	n/a	n/a	n/a
LUTON PCT	(8,380)	3	492	0	296,300	0.0%
MID ESSEX HOSPITAL SERVICES NHS TRUST	(2,572)	8,983	7,316	7,907	233,490	3.4%
MID ESSEX PCT	(17,744)	2,803	940	1,000	488,657	0.2%
NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS TRUST (6)	867	3,901	2,409	n/a	n/a	n/a
NORFOLK AND WAVENEY MENTAL HEALTH PARTNERSHIP NHS TRUST (7)	848	2,627	n/a	n/a	n/a	n/a
NORFOLK PCT	(46,686)	227	1,079	1,000	1,121,437	0.1%
NORTH EAST ESSEX PCT	896	189	1,348	1,000	507,726	0.2%
NORTH ESSEX MENTAL HEALTH PARTNERSHIP NHS TRUST (8)	707	510	n/a	n/a	n/a	n/a

For FTs the forecast position is only for the time when the organisation was an NHS Trust

- 1 Cambridgeshire and Peterborough Mental Health Partnership NHS Trust achieved Foundation Trust status on 1st June 2008.
- 2 Essex Rivers Healthcare NHS Trust achieved Foundation Trust status on 1st May 2008.
- 3 Hertfordshire Partnership NHS Trust achieved Foundation Trust status on 1st August 2007.
- 4 James Paget University Hospitals NHS Trust achieved Foundation Trust status on 1st August 2006.
- 5 Luton and Dunstable Hospital NHS Trust achieved Foundation Trust status on 1st August 2006.
- 6 Norfolk and Norwich University Hospitals NHS Trust achieved Foundation Trust status on 1st May 2008.
- 7 Norfolk and Waveney Mental Health Partnership NHS Trust achieved Foundation Trust status on 1st February 2008.
- 8 North Essex Mental Health Partnership NHS Trust achieved Foundation Trust status on 1st October 2007.

Annex 6: East of England

P - Z Organisation Name	2006/07 Annual Accounts Surplus/ (Deficit) £000s	2007/08 Annual Accounts Surplus/ (Deficit) £000s	2008/09 Annual Accounts Surplus/ (Deficit) £000s	2009/10 Q1 Forecast Outturn Surplus/ (Operating Deficit) £000s	2009/10 Q1 Forecast Outturn Turnover £000s	2009/10 Q1 Forecast Outturn Surplus/ (Operating Deficit) as % Turnover
PETERBOROUGH PCT	2,866	9	2,896	0	256,134	0.0%
SOUTH EAST ESSEX PCT	1,381	25	852	0	524,272	0.0%
SOUTH ESSEX PARTNERSHIP TRUST (9)	107	n/a	n/a	n/a	n/a	n/a
SOUTH WEST ESSEX PCT	2,213	19,351	688	0	635,185	0.0%
SOUTHEND UNIVERSITY HOSPITAL NHS TRUST (10)	2,809	n/a	n/a	n/a	n/a	n/a
SUFFOLK MENTAL HEALTH PARTNERSHIP NHS TRUST	1,299	1,264	1,504	2,150	92,093	2.3%
SUFFOLK PCT	(30,842)	49	1,315	0	849,790	0.0%
THE IPSWICH HOSPITAL NHS TRUST	1,025	5,037	4,580	3,343	206,888	1.6%
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	4,408	4,534	3,222	5,100	176,081	2.9%
THE QUEEN ELIZABETH HOSPITAL KINGS LYNN NHS TRUST	1,407	4,565	6,158	4,460	153,125	2.9%
WEST ESSEX PCT	1,524	255	1,448	0	413,703	0.0%
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	(11,413)	2,495	4,405	4,600	252,666	1.8%
WEST HERTFORDSHIRE PCT	(26,635)	37	576	576	811,899	0.1%
WEST SUFFOLK HOSPITALS NHS TRUST	974	2,588	4,600	3,000	146,994	2.0%
TOTAL SHA ECONOMY	(153,081)	85,453	179,854	167,968		

For FTs the forecast position is only for the time when the organisation was an NHS Trust

9 South Essex Partnership NHS Trust achieved Foundation Trust status on 1st May 2006.

10 Southend University Hospital NHS Trust achieved Foundation Trust status on 1st June 2006.

Note: SHA and PCT turnover equals the revenue resource limit they are allocated. Trust turnover is all the income they receive including income from PCTs. Trust income should therefore be excluded from any aggregation of SHA economy turnover to avoid double counting resources.

Annex 7: London

B - H Organisation Name	2006/07 Annual Accounts Surplus/ (Deficit) £000s	2007/08 Annual Accounts Surplus/ (Deficit) £000s	2008/09 Annual Accounts Surplus/ (Deficit) £000s	2009/10 Q1 Forecast Outturn Surplus/ (Operating Deficit) £000s	2009/10 Q1 Forecast Outturn Turnover £000s	2009/10 Q1 Forecast Outturn Surplus/ (Operating Deficit) as % Turnover
BARKING AND DAGENHAM PCT	5,130	20,753	18,439	7,075	331,887	2.1%
BARKING, HAVERING AND REDBRIDGE HOSPITALS NHS TRUST	(16,844)	(35,621)	(35,674)	(10,790)	394,805	(2.7%)
BARNET AND CHASE FARM HOSPITALS NHS TRUST	(11,398)	2,611	155	3,000	328,792	0.9%
BARNET PCT	46	3,031	5,860	1,000	562,645	0.2%
BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST	4,663	2,014	(5,451)	0	175,934	0.0%
BARTS AND THE LONDON NHS TRUST	5,258	16,416	7,532	0	647,798	0.0%
BEXLEY CARE PCT	(8,518)	52	130	0	322,931	0.0%
BRENT TEACHING PCT	(25,074)	1,698	12,584	15,867	529,508	3.0%
BROMLEY HOSPITALS NHS TRUST	(10,002)	(17,920)	(4,858)	n/a	n/a	n/a
BROMLEY PCT	315	49	188	137	474,039	0.0%
CAMDEN AND ISLINGTON MENTAL HEALTH SOCIAL CARE NHS TRUST (1)	1,681	2,595	n/a	n/a	n/a	n/a
CAMDEN PCT	600	3,445	4,340	0	461,810	0.0%
CENTRAL AND NORTH WEST LONDON MENTAL HEALTH NHS TRUST (2)	1,809	850	n/a	n/a	n/a	n/a
CHELSEA AND WESTMINSTER HEALTHCARE NHS TRUST (3)	449	n/a	n/a	n/a	n/a	n/a
CITY AND HACKNEY TEACHING PCT	4,963	9,339	100	12,863	509,887	2.5%
CROYDON PCT	18	2,600	6,000	5,411	554,080	1.0%
EALING HOSPITAL NHS TRUST	80	1,135	2,125	0	132,400	0.0%
EALING PCT	618	4,164	4,686	0	586,802	0.0%
EAST LONDON AND THE CITY MENTAL HEALTH NHS TRUST (4)	6,723	10,428	n/a	n/a	n/a	n/a
ENFIELD PCT	(13,030)	(13,308)	20	0	443,457	0.0%
EPSOM AND ST HELIER UNIVERSITY HOSPITALS NHS TRUST	(5,543)	827	4,902	2,760	324,567	0.9%
GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS TRUST	2,117	6,956	1,348	0	297,869	0.0%
GREENWICH TEACHING PCT	2,383	1,480	1,531	298	439,789	0.1%
HAMMERSMITH AND FULHAM PCT	7,360	9,878	18,617	10,538	356,505	3.0%
HAMMERSMITH HOSPITALS NHS TRUST	5,112	n/a	n/a	n/a	n/a	n/a
HARINGEY TEACHING PCT	754	539	1,983	0	460,991	0.0%
HARROW PCT	427	172	1,432	1,000	319,838	0.3%
HAVERING PCT	(6,261)	285	748	205	387,614	0.1%
HILLINGDON PCT	(52,129)	0	2	0	381,103	0.0%
HOUNSLOW PCT	(12,860)	(1,940)	48	0	372,694	0.0%

For FTs the forecast position is only for the time when the organisation was an NHS Trust

- 1 Camden and Islington Mental Health and Social Care NHS Trust achieved Foundation Trust status on 1st March 2008.
- 2 Central and North West London Mental Health NHS Trust achieved Foundation Trust status on 1st May 2007.
- 3 Chelsea and Westminster Healthcare NHS Trust achieved Foundation Trust status on 1st October 2006.
- 4 East London and the City Mental Health NHS Trust achieved Foundation Trust status on 1st November 2007.

Annex 7: London

I - R Organisation Name	2006/07 Annual Accounts Surplus/ (Deficit) £000s	2007/08 Annual Accounts Surplus/ (Deficit) £000s	2008/09 Annual Accounts Surplus/ (Deficit) £000s	2009/10 Q1 Forecast Outturn Surplus/ (Operating Deficit) £000s	2009/10 Q1 Forecast Outturn Turnover £000s	2009/10 Q1 Forecast Outturn Surplus/ (Operating Deficit) as % Turnover
IMPERIAL COLLEGE HEALTHCARE NHS TRUST (5)	n/a	12,750	12,025	12,000	867,677	1.4%
ISLINGTON PCT	66	32	6,617	3,405	443,740	0.8%
KENSINGTON AND CHELSEA PCT	5,000	6,174	8,760	5,468	392,512	1.4%
KING'S COLLEGE HOSPITAL NHS TRUST (6)	2,299	n/a	n/a	n/a	n/a	n/a
KINGSTON HOSPITAL NHS TRUST	1,673	2,713	807	1,901	191,681	1.0%
KINGSTON PCT	(21,080)	3,546	117	0	247,637	0.0%
LAMBETH PCT	1,218	1,064	2,907	1,000	617,847	0.2%
LEWISHAM PCT	(3,082)	92	339	0	497,048	0.0%
LONDON AMBULANCE SERVICE NHS TRUST	113	398	725	1,690	277,880	0.6%
LONDON SHA	180,097	146,196	187,527	289,284	1,931,668	15.0%
MAYDAY HEALTHCARE NHS TRUST	122	5,044	2,149	0	191,527	0.0%
NEWHAM PCT	211	3,407	6,665	2,985	527,104	0.6%
NEWHAM UNIVERSITY HOSPITAL NHS TRUST	(1,996)	(2,269)	201	426	161,650	0.3%
NORTH EAST LONDON MENTAL HEALTH NHS TRUST (7)	1,536	2,136	379	n/a	n/a	n/a
NORTH MIDDLESEX UNIVERSITY HOSPITALS NHS TRUST	84	3,019	5,031	6,006	162,351	3.7%
NORTH WEST LONDON HOSPITALS NHS TRUST	23	1,030	117	(12,000)	341,783	(3.5%)
OXLEAS NHS TRUST (8)	1,324	n/a	n/a	n/a	n/a	n/a
QUEEN ELIZABETH HOSPITAL NHS TRUST	(7,244)	(3,125)	(5,481)	n/a	n/a	n/a
QUEEN MARY'S SIDCUP NHS TRUST	(1,790)	(2,877)	(10,991)	n/a	n/a	n/a
REDBRIDGE PCT	9,959	18,664	9,893	7,500	398,181	1.9%
RICHMOND AND TWICKENHAM PCT	48	150	708	250	279,902	0.1%
ROYAL BROMPTON AND HAREFIELD NHS TRUST (9)	3,340	3,566	3,173	1,016	42,325	2.4%
ROYAL FREE HAMPSTEAD NHS TRUST	18,005	10,724	3,791	471	488,755	0.1%

For FTs the forecast position is only for the time when the organisation was an NHS Trust

5 Imperial College Healthcare NHS Trust was formed from St Mary's NHS Trust and Hammersmith Hospitals NHS Trust.

6 King's College Hospital NHS Trust achieved Foundation Trust status on 1st December 2006.

7 North East London Mental Health NHS Trust achieved Foundation Trust status on 1st June 2008.

8 Oxleas NHS Trust achieved Foundation Trust status on 1st May 2006.

9 Royal Brompton and Harefield NHS Trust achieved Foundation Trust status on 1st June 2009.

Annex 7: London

S - W Organisation Name	2006/07 Annual Accounts Surplus/ (Deficit) £000s	2007/08 Annual Accounts Surplus/ (Deficit) £000s	2008/09 Annual Accounts Surplus/ (Deficit) £000s	2009/10 Q1 Forecast Outturn Surplus/ (Operating Deficit) £000s	2009/10 Q1 Forecast Outturn Turnover £000s	2009/10 Q1 Forecast Outturn Surplus/ (Operating Deficit) as % Turnover
SOUTH LONDON HEALTHCARE NHS TRUST (10)	n/a	n/a	n/a	(29,700)	440,400	(6.7%)
SOUTH LONDON AND MAUDSLEY NHS TRUST (11)	1,930	n/a	n/a	n/a	n/a	n/a
SOUTH WEST LONDON AND ST GEORGE'S MENTAL HEALTH NHS TRUST	2,670	1,738	(3,246)	1,780	179,176	1.0%
SOUTHWARK PCT	1,096	478	218	0	533,060	0.0%
ST GEORGE'S HEALTHCARE NHS TRUST	(2,901)	5,972	1,718	4,500	467,332	1.0%
ST MARY'S NHS TRUST	8,598	n/a	n/a	n/a	n/a	n/a
SUTTON AND MERTON PCT	(10,083)	58	76	0	593,308	0.0%
TAVISTOCK AND PORTMAN NHS TRUST (12)	9	n/a	n/a	n/a	n/a	n/a
THE HILLINGDON HOSPITAL NHS TRUST	2,277	6,263	2,196	2,500	180,600	1.4%
THE LEWISHAM HOSPITAL NHS TRUST	2,042	3,771	(3,929)	0	178,172	0.0%
THE ROYAL NATIONAL ORTHOPAEDIC HOSPITAL NHS TRUST	(315)	1,109	483	1,372	89,840	1.5%
TOWER HAMLETS PCT	6,649	396	6,881	10,251	521,532	2.0%
WALTHAM FOREST PCT	(4,976)	102	201	0	404,406	0.0%
WANDSWORTH PCT	13,356	3,390	3,930	6,300	550,555	1.1%
WEST LONDON MENTAL HEALTH NHS TRUST	2,339	2,279	352	200	252,072	0.1%
WEST MIDDLESEX UNIVERSITY NHS TRUST	(3,295)	19	(3,534)	(4,500)	142,043	(3.2%)
WESTMINSTER PCT	3,316	11,875	15,534	11,023	495,450	2.2%
WHIPPS CROSS UNIVERSITY HOSPITAL NHS TRUST	(10,467)	828	810	0	218,886	0.0%
WHITTINGTON HOSPITAL NHS TRUST	1,985	1,421	1,938	212	172,174	0.1%
TOTAL SHA ECONOMY	93,003	284,661	305,874	374,704		

For FTs the forecast position is only for the time when the organisation was an NHS Trust

10 South London Healthcare Trust was formed from the merger of Queen Elizabeth Hospital NHS Trust (RG2), Bromley NHS Trust (RG3), and Queen Mary's Sidcup NHS Trust (RGZ).

11 South London and Maudsley NHS Trust achieved Foundation Trust status on 1st November 2006.

12 Tavistock and Portman NHS Trust achieved Foundation Trust status on 1st November 2006

In addition to the operating deficits forecast in Quarter 1, 2009/10 shown above, the following organisation(s) also forecast a technical deficit (£m) in the same period. A technical deficit is a deficit arising due to:

- a) impairments including those attributable to the transition to MEA (Modern Equivalent Assets) valuation, or
- b) incurring additional non-cash revenue charges associated with bringing PFI assets on the balance sheet due to the introduction of IFRS accounting in 2009/10. This is a non-cash issue that is not recognised for NHS budgeting purposes.

Barking, Havering and Redbridge Hospitals NHS Trust (£14m)

Barnet, Enfield and Haringey Mental Health Trust (£5m)

Barts and the London NHS Trust (£5m)

Epsom and St Helier University Hospitals NHS Trust (£0.2m)

Newham University Hospital NHS Trust (£3m)

The Lewisham Hospital NHS Trust (£3m)

Whipps Cross University Hospital NHS Trust (£4m)

Note: SHA and PCT turnover equals the revenue resource limit they are allocated. Trust turnover is all the income they receive including income from PCTs. Trust income should therefore be excluded from any aggregation of SHA economy turnover to avoid double counting resources.

Annex 8: South East Coast

Organisation Name	2006/07 Annual Accounts Surplus/ (Deficit) £000s	2007/08 Annual Accounts Surplus/ (Deficit) £000s	2008/09 Annual Accounts Surplus/ (Deficit) £000s	2009/10 Q1 Forecast Outturn Surplus/ (Operating Deficit) £000s	2009/10 Q1 Forecast Outturn Turnover £000s	2009/10 Q1 Forecast Outturn Surplus/ (Operating Deficit) as % Turnover
ASHFORD AND ST PETER'S HOSPITALS NHS TRUST	1,068	2,450	5,513	4,825	216,569	2.2%
BRIGHTON AND HOVE CITY TEACHING PCT	804	3,018	124	1,000	457,613	0.2%
BRIGHTON AND SUSSEX UNIVERSITY HOSPITALS NHS TRUST	(5,278)	106	9,925	5,866	408,315	1.4%
DARTFORD AND GRAVESHAM NHS TRUST	255	578	4,015	800	139,962	0.6%
EAST KENT HOSPITALS UNIVERSITY NHS TRUST (1)	(4,747)	7,654	13,087	n/a	n/a	n/a
EAST SUSSEX DOWNS AND WEALD PCT	(18,091)	376	2,440	1,000	532,180	0.2%
EAST SUSSEX HOSPITALS NHS TRUST	1,503	3,448	1,017	1,000	275,661	0.4%
EASTERN AND COASTAL KENT PCT	6,615	3,960	5,046	6,000	1,204,793	0.5%
HASTINGS AND ROTHER PCT	2,181	3,562	3,631	3,300	321,474	1.0%
KENT AND MEDWAY NHS AND SOCIAL CARE PARTNERSHIP TRUST	123	431	1,384	1,600	180,967	0.9%
MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	(4,932)	131	143	2	309,651	0.0%
MEDWAY NHS TRUST (2)	71	597	n/a	n/a	n/a	n/a
MEDWAY PCT	1,631	3,211	5,059	3,708	418,848	0.9%
ROYAL SURREY COUNTY HOSPITAL NHS TRUST	39	2,517	2,930	6,550	205,400	3.2%
SOUTH DOWNS HEALTH NHS TRUST	762	77	92	645	64,611	1.0%
SOUTH EAST COAST AMBULANCE SERVICE NHS TRUST	3,050	641	658	800	153,254	0.5%
SOUTH EAST COAST SHA	30,377	36,142	39,976	31,211	327,211	9.5%
SURREY AND BORDERS PARTNERSHIP NHS TRUST (3)	39	182	(307)	n/a	n/a	n/a
SURREY AND SUSSEX HEALTHCARE NHS TRUST	(12,155)	27	7,048	8,000	195,001	4.1%
SURREY PCT	(16,308)	425	225	200	1,618,975	0.0%
SUSSEX PARTNERSHIP NHS TRUST (4)	3,344	4,763	1,698	n/a	n/a	n/a
THE ROYAL WEST SUSSEX NHS TRUST	1,938	10,466	1,758	n/a	n/a	n/a
WEST KENT PCT	(15,943)	193	4,397	2,000	973,818	0.2%
WESTERN SUSSEX HOSPITALS NHS TRUST (5)	n/a	n/a	n/a	4,020	331,745	1.2%
WEST SUSSEX PCT	(12,862)	238	728	725	1,214,233	0.1%
WORTHING AND SOUTHLANDS HOSPITALS NHS TRUST	(6,229)	170	408	n/a	n/a	n/a
TOTAL SHA ECONOMY	(42,745)	85,363	110,995	83,252		

For FTs the forecast position is only for the time when the organisation was an NHS Trust

- 1 East Kent Hospitals University NHS Trust achieved Foundation Trust status on 1st March 2009.
- 2 Medway NHS Trust achieved Foundation Trust status on 1st April 2008.
- 3 Surrey and Borders Partnership NHS Trust achieved Foundation Trust status on 1st May 2008. It was forecasting a technical deficit relating to a phasing issue in the month before it became a Foundation Trust.
- 4 Sussex Partnership NHS Trust achieved Foundation Trust status on 1st August 2008.
- 5 Western Sussex Hospitals NHS Trust was formed from the merger of The Royal West Sussex NHS Trust (RPR) and Worthing & Southlands Hospitals NHS Trust (RPL)

Note: SHA and PCT turnover equals the revenue resource limit they are allocated. Trust turnover is all the income they receive including income from PCTs. Trust income should therefore be excluded from any aggregation of SHA economy turnover to avoid double counting resources.

Annex 9: South Central

Organisation Name	2006/07 Annual Accounts Surplus/ (Deficit) £000s	2007/08 Annual Accounts Surplus/ (Deficit) £000s	2008/09 Annual Accounts Surplus/ (Deficit) £000s	2009/10 Q1 Forecast Outturn Surplus/ (Operating Deficit) £000s	2009/10 Q1 Forecast Outturn Turnover £000s	2009/10 Q1 Forecast Outturn Surplus/ (Operating Deficit) as % Turnover
BERKSHIRE EAST PCT	(2,215)	107	80	1,265	548,245	0.2%
BERKSHIRE HEALTHCARE NHS TRUST (1)	2,225	299	n/a	n/a	n/a	n/a
BERKSHIRE WEST PCT	(1,507)	284	1,287	1,419	623,591	0.2%
BUCKINGHAMSHIRE HOSPITALS NHS TRUST	43	1,729	(2,750)	5,048	285,915	1.8%
BUCKINGHAMSHIRE PCT	(20,123)	(11,574)	(7,459)	0	676,587	0.0%
HAMPSHIRE PARTNERSHIP NHS TRUST (2)	1,341	2,599	2,597	n/a	n/a	n/a
HAMPSHIRE PCT	9,853	469	258	0	1,758,636	0.0%
HEATHERWOOD AND WEXHAM PARK HOSPITALS NHS TRUST (3)	2,598	1,319	n/a	n/a	n/a	n/a
ISLE OF WIGHT NHS PCT	1,416	1,272	1,246	1,103	246,604	0.4%
MILTON KEYNES GENERAL HOSPITAL NHS TRUST (4)	1,678	852	n/a	n/a	n/a	n/a
MILTON KEYNES PCT	(6,735)	3,327	1,100	1,495	336,737	0.4%
NORTH HAMPSHIRE HOSPITALS NHS TRUST (5)	259	n/a	n/a	n/a	n/a	n/a
NUFFIELD ORTHOPAEDIC NHS TRUST	2,001	56	59	0	74,181	0.0%
OXFORD LEARNING DISABILITY NHS TRUST	448	386	631	805	41,381	1.9%
OXFORD RADCLIFFE HOSPITAL NHS TRUST	(8,649)	4,311	2,405	9	634,966	0.0%
OXFORDSHIRE AND BUCKINGHAMSHIRE MENTAL HEALTH PARTNERSHIP NHS TRUST (6)	157	1,053	n/a	n/a	n/a	n/a
OXFORDSHIRE PCT	5,387	5,799	2,181	2,077	875,457	0.2%
PORTSMOUTH CITY TEACHING PCT	5,795	7,839	5,810	4,486	359,573	1.2%
PORTSMOUTH HOSPITALS NHS TRUST	857	7,299	159	(9,000)	440,319	(2.0%)
ROYAL BERKSHIRE AND BATTLE HOSPITALS NHS TRUST (7)	850	n/a	n/a	n/a	n/a	n/a
SOUTH CENTRAL AMBULANCE SERVICE NHS TRUST	252	30	559	1,274	128,145	1.0%
SOUTH CENTRAL SHA	31,648	27,192	39,632	19,584	355,138	5.5%
SOUTHAMPTON CITY PCT	7,670	2,033	155	873	390,012	0.2%
SOUTHAMPTON UNIVERSITY HOSPITALS NHS TRUST	2,151	17,944	13,591	17,462	492,464	3.5%
WINCHESTER AND EASTLEIGH HEALTHCARE NHS TRUST	438	633	286	2,100	137,550	1.5%
TOTAL SHA ECONOMY	37,838	75,258	61,827	50,000		

For FTs the forecast position is only for the time when the organisation was an NHS Trust

- Berkshire Healthcare NHS Trust achieved Foundation Trust status on 1st May 2007.
- Hampshire Partnership NHS Trust achieved Foundation Trust status on 1st April 2009.
- Heatherwood and Wexham Park Hospitals NHS Trust achieved Foundation Trust status on 1st June 2007.
- Milton Keynes General Hospital NHS Trust achieved Foundation Trust status on 1st October 2007.
- North Hampshire Hospitals NHS Trust achieved Foundation Trust status on 1st December 2006.
- Oxfordshire and Buckinghamshire Mental Health Partnership Trust incorporates Buckinghamshire Mental Health Trust (RWT) from 1st April 2006. This Trust gained Foundation Trust status on 1st April 2008.
- Royal Berkshire and Battle Hospitals NHS Trust achieved Foundation Trust status on 1st June 2006.

In addition to the operating deficits forecast in Quarter 1, 2009/10 shown above, the following organisation(s) also forecast a technical deficit (£m) in the same period. A technical deficit is a deficit arising due to:

- impairments including those attributable to the transition to MEA (Modern Equivalent Assets) valuation, or
- incurring additional non-cash revenue charges associated with bringing PFI assets on the balance sheet due to the introduction of IFRS accounting in 2009/10. This is a non-cash issue that is not recognised for NHS budgeting purposes.

Nuffield Orthopaedic NHS Trust (£0.3m)
 Oxford Radcliffe Hospitals NHS Trust (£36m)
 Portsmouth Hospitals NHS Trust (£35m)
 South Central Ambulance Service NHS Trust (£8m)

Note: SHA and PCT turnover equals the revenue resource limit they are allocated. Trust turnover is all the income they receive including income from PCTs. Trust income should therefore be excluded from any aggregation of SHA economy turnover to avoid double counting resources.

Annex 10: South West

A - R Organisation Name	2006/07 Annual Accounts Surplus/ (Deficit) £000s	2007/08 Annual Accounts Surplus/ (Deficit) £000s	2008/09 Annual Accounts Surplus/ (Deficit) £000s	2009/10 Q1 Forecast Outturn Surplus/ (Operating Deficit) £000s	2009/10 Q1 Forecast Outturn Turnover £000s	2009/10 Q1 Forecast Outturn Surplus/ (Operating Deficit) as % Turnover
AVON AND WILTSHIRE MHP NHS TRUST	3,176	1,009	1,827	1,100	200,749	0.5%
BATH AND NORTH EAST SOMERSET PCT	1,184	2,837	1,752	1,924	277,149	0.7%
BOURNEMOUTH AND POOLE TEACHING PCT	2,938	5,779	5,403	5,886	541,990	1.1%
BRISTOL TEACHING PCT	6,312	3,689	4,514	4,969	709,279	0.7%
CORNWALL AND ISLES OF SCILLY PCT	88	2,727	5,622	6,064	858,740	0.7%
CORNWALL PARTNERSHIP NHS TRUST	562	0	402	60	73,992	0.1%
DEVON PARTNERSHIP NHS TRUST	76	1,700	1,298	200	110,683	0.2%
DEVON PCT	76	3,700	15	0	1,130,695	0.0%
DORSET HEALTHCARE NHS TRUST (1)	1,796	n/a	n/a	n/a	n/a	n/a
DORSET PCT	5,759	3,070	4,057	4,374	609,372	0.7%
EAST SOMERSET NHS TRUST (2)	0	n/a	n/a	n/a	n/a	n/a
GLOUCESTERSHIRE PARTNERSHIP NHS TRUST (3)	514	1,366	n/a	n/a	n/a	n/a
GLOUCESTERSHIRE PCT	1,401	2,798	5,784	6,216	858,619	0.7%
GREAT WESTERN AMBULANCE SERVICE NHS TRUST	(1,430)	1,449	5	0	77,861	0.0%
NORTH BRISTOL NHS TRUST	85	4,008	3,036	6,150	467,806	1.3%
NORTH SOMERSET PCT	(8,756)	9	48	0	307,285	0.0%
NORTHERN DEVON HEALTHCARE NHS TRUST	(6,924)	7,602	7,902	0	126,933	0.0%
PLYMOUTH HOSPITALS NHS TRUST	2,347	12,698	5,023	9,000	368,540	2.4%
PLYMOUTH TEACHING PCT	1,801	5,042	2,745	2,950	418,512	0.7%
POOLE HOSPITALS NHS TRUST (4)	7	199	n/a	n/a	n/a	n/a
ROYAL CORNWALL HOSPITALS NHS TRUST	(36,464)	1,285	2,009	8,255	299,304	2.8%
ROYAL UNITED HOSPITAL BATH NHS TRUST	144	1,900	5,600	5,800	205,067	2.8%

For FTs the forecast position is only for the time when the organisation was an NHS Trust

- 1 Dorset Healthcare NHS Trust achieved Foundation Trust status on 1st April 2007.
- 2 Yeovil District Hospital NHS Trust previously East Somerset NHS Trust achieved Foundation Trust status on 1st June 2006.
- 3 Gloucestershire Partnership NHS Trust achieved Foundation Trust status on 1st July 2007.
- 4 Poole Hospitals NHS Trust achieved Foundation Trust status on 1st November 2007.

Annex 10: South West

S - W Organisation Name	2006/07 Annual Accounts Surplus/ (Deficit) £000s	2007/08 Annual Accounts Surplus/ (Deficit) £000s	2008/09 Annual Accounts Surplus/ (Deficit) £000s	2009/10 Q1 Forecast Outturn Surplus/ (Operating Deficit) £000s	2009/10 Q1 Forecast Outturn Turnover £000s	2009/10 Q1 Forecast Outturn Surplus/ (Operating Deficit) as % Turnover
SALISBURY HEALTH CARE NHS TRUST (5)	0	n/a	n/a	n/a	n/a	n/a
SOMERSET PARTNERSHIP NHS AND SOCIAL CARE NHS TRUST (6)	3	541	94	n/a	n/a	n/a
SOMERSET PCT	7,932	5,110	5,235	5,751	795,880	0.7%
SOUTH DEVON HEALTHCARE NHS TRUST (7)	98	n/a	n/a	n/a	n/a	n/a
SOUTH GLOUCESTERSHIRE PCT	30	1,090	48	0	357,180	0.0%
SOUTH WEST AMBULANCE SERVICE NHS TRUST	1,012	0	325	0	115,933	0.0%
SOUTH WEST SHA	94,736	56,710	63,822	44,965	441,457	10.2%
SWINDON AND MARLBOROUGH NHS TRUST (8)	837	835	1,274	n/a	n/a	n/a
SWINDON PCT	1,393	935	1,930	2,080	287,695	0.7%
TAUNTON AND SOMERSET NHS TRUST (9)	57	627	n/a	n/a	n/a	n/a
TORBAY CARE TRUST	571	7,881	1,640	1,808	250,629	0.7%
UNITED BRISTOL HEALTHCARE NHS TRUST (10)	1,114	12,809	3,706	n/a	n/a	n/a
WEST DORSET GENERAL HOSPITALS NHS TRUST (11)	16	0	n/a	n/a	n/a	n/a
WESTON AREA HEALTH NHS TRUST	(6,673)	8	408	2,448	86,645	2.8%
WILTSHIRE PCT	(20,221)	0	1,167	0	623,307	0.0%
TOTAL SHA ECONOMY	55,597	149,413	136,691	120,000		

For FTs the forecast position is only for the time when the organisation was an NHS Trust

- 5 Salisbury Healthcare NHS Trust achieved Foundation Trust status on 1st June 2006.
- 6 Somerset Partnership NHS and Social Care NHS Trust achieved Foundation Trust status on 1st May 2008.
- 7 South Devon Healthcare NHS Trust achieved Foundation Trust status on 1st March 2007.
- 8 Swindon and Marlborough NHS Trust achieved Foundation Trust status on 1st December 2008.
- 9 Taunton and Somerset NHS Trust achieved Foundation Trust status on 1st December 2007.
- 10 United Bristol Healthcare NHS Trust achieved Foundation Trust status on 1st June 2008.
- 11 West Dorset General Hospitals NHS Trust achieved Foundation Trust status on 1st June 2007.

In addition to the operating deficits forecast in Quarter 1, 2009/10 shown above, the following organisation(s) also forecast a technical deficit (£m) in the same period. A technical deficit is a deficit arising due to:

- a) impairments including those attributable to the transition to MEA (Modern Equivalent Assets) valuation, or
- b) incurring additional non-cash revenue charges associated with bringing PFI assets on the balance sheet due to the introduction of IFRS accounting in 2009/10. This is a non-cash issue that is not recognised for NHS budgeting purposes.

North Bristol NHS Trust (£17m)

Note: SHA and PCT turnover equals the revenue resource limit they are allocated. Trust turnover is all the income they receive including income from PCTs. Trust income should therefore be excluded from any aggregation of SHA economy turnover to avoid double counting resources.

annex 11: existing standards



Accident and Emergency

The NHS has met the operational standard at Q1 to ensure that 98 percent of patients should be seen, diagnosed and treated within four hours of their arrival at accident and emergency (A&E) departments by achieving 98.6 percent. This is an improvement on the same period in 2008/09 when performance was 98.3 percent. The A&E operational standard is challenging and by sustaining delivery, the NHS is demonstrating the determination of frontline staff to improve the waiting experience for millions of patients.

Ambulance Response Times

There are three operational standards in relation to ambulance response times which remain ongoing commitments for both the Department of Health and the NHS:

- responding to 75 percent of Category A calls (life threatening) within eight minutes;
- having a vehicle capable of transporting the patient on scene within 19 minutes of a request for transport being made, 95 percent of the time; and
- responding to 95 percent of Category B calls (serious but not immediately life threatening) within 19 minutes.

The 2008/09 ambulance response time data for England as a whole showed:

- 74.3 percent of Category A calls were responded to within eight minutes;
- 96.9 percent of times a vehicle was on scene within 19 minutes capable of transporting a patient; and
- 91.0 percent of Category B calls were responding to within 19 minutes.

This is the best ever Category A performance despite increases in demand, with the ambulance service dealing with more calls than ever before with 7.48 million 999 calls being dealt with compared to 7.23 million in the previous year.

This year (2009/10) provisional data for Q1, for immediately life threatening emergencies, indicates that the NHS has achieved the 75 percent standard for responding to Category A calls. This is a great position, given the 'call connect' system changes means that ambulance services respond, on average, 90 seconds faster than before.

Diabetic Retinopathy

At Q1, 96.4 percent of people known to have diabetes were offered screening for diabetic retinopathy. While it is clear that the majority of people with diabetes are being offered screening for diabetic retinopathy the NHS must increase its efforts to ensure that all people with diabetes are offered screening for diabetic retinopathy that meets national quality standards.

Revascularisation

At Q1, there were two breaches of the revascularisation waiting time target to treat all patients within 13 weeks of their referral.

annex 11: existing standards



Rapid Access Chest Pain Clinics

At Q1, the NHS has sustained the operational standard on Rapid Access Chest Pain Clinics, with 99.8 percent of patients seen in a Rapid Access Chest Pain Clinic within two weeks of a decision to refer.

Thrombolysis 'call to needle'

For January to March 2009, the percentage of heart attack patients treated with thrombolysis within 60 minutes of calling for help was 70 percent. For the year 2008/9, 72 percent of patients were treated within 60 minutes.

Over 40 percent of treatment for heart attack during 2008/09 was by primary angioplasty compared to about 22 percent the previous year. This is in line with new best practice guidance issued in October 2008.

Cancelled Operations

The NHS met the operational standard for cancelled operations at Q1 by offering 96 percent of patients whose operations were cancelled for non-clinical reasons another binding date within 28 days.

Access to Genito Urinary Medicine (GUM)

The latest available data for June shows that the operational standards continued to be met with 99.9 percent of first appointments offered to patients within 48 hours and 88.7 percent of patients were seen within 48 hours. The GUM access operational standard remains a Care Quality Commission indicator for both PCTs and acute trusts.

ANNEX 12 NHS PERFORMANCE FRAMEWORK – ACUTE TRUST RESULTS

TRUST NAME ¹	OVERALL SCORE ²	STANDARDS AND TARGETS		FINANCE		USER EXPERIENCE ³		QUALITY AND SAFETY
		SCORE	RATING	SCORE	RATING	SCORE	RATING	RATING
AIREDALE NHS TRUST	PERFORMING	2.81	PERFORMING	3	PERFORMING	8	PERFORMING	PERFORMING
ASHFORD AND ST PETER'S HOSPITALS NHS TRUST	PERFORMING	2.77	PERFORMING	3	PERFORMING	7	PERFORMING	PERFORMING
BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST	UNDER-PERFORMING	2.68	PERFORMING	1	UNDER-PERFORMING	2	UNDER-PERFORMING	PERFORMANCE UNDER REVIEW
BARNET AND CHASE FARM HOSPITALS NHS TRUST	PERFORMING	2.70	PERFORMING	3	PERFORMING	7	PERFORMING	PERFORMING
BARTS AND THE LONDON NHS TRUST	UNDER-PERFORMING	1.89	UNDER-PERFORMING	3	PERFORMING	7	PERFORMING	PERFORMING
BEDFORD HOSPITAL NHS TRUST	PERFORMING	2.76	PERFORMING	3	PERFORMING	8	PERFORMING	PERFORMING
BRIGHTON AND SUSSEX UNIVERSITY HOSPITALS NHS TRUST	PERFORMING	2.74	PERFORMING	3	PERFORMING	7	PERFORMING	PERFORMING
BUCKINGHAMSHIRE HOSPITALS NHS TRUST	PERFORMING	2.83	PERFORMING	3	PERFORMING	8	PERFORMING	PERFORMING
DARTFORD AND GRAVESHAM NHS TRUST	PERFORMING	2.81	PERFORMING	3	PERFORMING	8	PERFORMING	PERFORMING
EALING HOSPITAL NHS TRUST	PERFORMANCE UNDER REVIEW	2.93	PERFORMING	3	PERFORMING	2	UNDER-PERFORMING	PERFORMING
EAST AND NORTH HERTFORDSHIRE NHS TRUST	PERFORMANCE UNDER REVIEW	2.76	PERFORMING	3	PERFORMING	2	UNDER-PERFORMING	PERFORMING
EAST CHESHIRE NHS TRUST	PERFORMING	2.69	PERFORMING	3	PERFORMING	8	PERFORMING	PERFORMING
EAST LANCASHIRE HOSPITALS NHS TRUST	PERFORMANCE UNDER REVIEW	2.67	PERFORMING	3	PERFORMING	4	UNDER-PERFORMING	PERFORMING
EAST SUSSEX HOSPITALS NHS TRUST	PERFORMING	2.67	PERFORMING	3	PERFORMING	6	PERFORMANCE UNDER REVIEW	PERFORMING
EPSOM AND ST HELIER UNIVERSITY HOSPITALS NHS TRUST	PERFORMING	2.78	PERFORMING	3	PERFORMING	7	PERFORMING	PERFORMING
GEORGE ELIOT HOSPITAL NHS TRUST	PERFORMING	2.50	PERFORMING	3	PERFORMING	7	PERFORMING	PERFORMING
GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS TRUST	PERFORMING	2.86	PERFORMING	3	PERFORMING			PERFORMING
HEREFORD HOSPITALS NHS TRUST	PERFORMING	2.59	PERFORMING	3	PERFORMING	7	PERFORMING	PERFORMING
HINCHINGBROOKE HEALTH CARE NHS TRUST	UNDER-PERFORMING	2.69	PERFORMING	1	UNDER-PERFORMING	7	PERFORMING	PERFORMING
HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	PERFORMING	2.65	PERFORMING	3	PERFORMING	7	PERFORMING	PERFORMING
IMPERIAL COLLEGE HEALTHCARE NHS TRUST	PERFORMING	2.71	PERFORMING	3	PERFORMING	7	PERFORMING	PERFORMING
IPSWICH HOSPITAL NHS TRUST	PERFORMANCE UNDER REVIEW	2.13	PERFORMANCE UNDER REVIEW	3	PERFORMING	8	PERFORMING	PERFORMING
ISLE OF WIGHT NHS PCT	PERFORMANCE UNDER REVIEW	2.86	PERFORMING	3	PERFORMING	7	PERFORMING	PERFORMANCE UNDER REVIEW
KINGSTON HOSPITAL NHS TRUST	PERFORMING	2.58	PERFORMING	3	PERFORMING	8	PERFORMING	PERFORMING
LEEDS TEACHING HOSPITALS NHS TRUST	PERFORMING	2.60	PERFORMING	3	PERFORMING	8	PERFORMING	PERFORMING
LIVERPOOL HEART AND CHEST HOSPITAL NHS TRUST	PERFORMING	2.66	PERFORMING	3	PERFORMING	8	PERFORMING	PERFORMING
MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	PERFORMANCE UNDER REVIEW	2.74	PERFORMING	3	PERFORMING	6	PERFORMANCE UNDER REVIEW	PERFORMANCE UNDER REVIEW
MAYDAY HEALTHCARE NHS TRUST	PERFORMANCE UNDER REVIEW	2.90	PERFORMING	3	PERFORMING	4	UNDER-PERFORMING	PERFORMING

- 1 Please note that the Isle Of Wight score includes performance from the ambulance providers.
- 2 Score moderated where patient experience score is UNDER-PERFORMING, in this case highest score trust can achieve is performance under review.
- 3 Great Ormond Street, Western Sussex and South London do not have user experience data, so for these trusts it has not been used as a moderator.

ANNEX 12 NHS PERFORMANCE FRAMEWORK – ACUTE TRUST RESULTS

TRUST NAME ¹	OVERALL SCORE ²	STANDARDS AND TARGETS		FINANCE		USER EXPERIENCE ³		QUALITY AND SAFETY
		SCORE	RATING	SCORE	RATING	SCORE	RATING	RATING
MID ESSEX HOSPITAL SERVICES NHS TRUST	PERFORMANCE UNDER REVIEW	2.76	PERFORMING	2	PERFORMANCE UNDER REVIEW	8	PERFORMING	PERFORMING
MID YORKSHIRE HOSPITALS NHS TRUST	PERFORMING	2.62	PERFORMING	3	PERFORMING	5	PERFORMANCE UNDER REVIEW	PERFORMING
NEWHAM UNIVERSITY HOSPITAL NHS TRUST	PERFORMANCE UNDER REVIEW	2.96	PERFORMING	2	PERFORMANCE UNDER REVIEW	4	UNDER-PERFORMING	PERFORMING
NORTH BRISTOL NHS TRUST	UNDER-PERFORMING	2.55	PERFORMING	3	PERFORMING	8	PERFORMING	UNDER-PERFORMING
NORTH CUMBRIA UNIVERSITY HOSPITALS NHS TRUST	PERFORMING	2.90	PERFORMING	3	PERFORMING	7	PERFORMING	PERFORMING
NORTH MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST	PERFORMANCE UNDER REVIEW	2.89	PERFORMING	3	PERFORMING	3	UNDER-PERFORMING	PERFORMING
NORTH WEST LONDON HOSPITALS NHS TRUST	PERFORMANCE UNDER REVIEW	2.82	PERFORMING	2	PERFORMANCE UNDER REVIEW	4	UNDER-PERFORMING	PERFORMING
NORTHAMPTON GENERAL HOSPITAL NHS TRUST	PERFORMANCE UNDER REVIEW	2.93	PERFORMING	3	PERFORMING	3	UNDER-PERFORMING	PERFORMING
NORTHERN DEVON HEALTHCARE NHS TRUST	PERFORMING	2.93	PERFORMING	3	PERFORMING	8	PERFORMING	PERFORMING
NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	PERFORMING	2.60	PERFORMING	3	PERFORMING	6	PERFORMANCE UNDER REVIEW	PERFORMING
NUFFIELD ORTHOPAEDIC CENTRE NHS TRUST	PERFORMING	2.58	PERFORMING	3	PERFORMING	8	PERFORMING	PERFORMING
OXFORD RADCLIFFE HOSPITALS NHS TRUST	PERFORMING	2.75	PERFORMING	3	PERFORMING	8	PERFORMING	PERFORMING
PENNINE ACUTE HOSPITALS NHS TRUST	PERFORMING	2.59	PERFORMING	3	PERFORMING	8	PERFORMING	PERFORMING
PLYMOUTH HOSPITALS NHS TRUST	PERFORMANCE UNDER REVIEW	2.29	PERFORMANCE UNDER REVIEW	3	PERFORMING	3	UNDER-PERFORMING	PERFORMANCE UNDER REVIEW
PORTSMOUTH HOSPITALS NHS TRUST	PERFORMANCE UNDER REVIEW	2.71	PERFORMING	2	PERFORMANCE UNDER REVIEW	8	PERFORMING	PERFORMING
ROBERT JONES AND AGNES HUNT ORTHOPAEDIC AND DISTRICT HOSPITAL NHS TRUST	PERFORMING	3.00	PERFORMING	3	PERFORMING	8	PERFORMING	PERFORMING
ROYAL CORNWALL HOSPITALS NHS TRUST	UNDER-PERFORMING	2.82	PERFORMING	3	PERFORMING	8	PERFORMING	UNDER-PERFORMING
ROYAL FREE HAMPSTEAD NHS TRUST	PERFORMANCE UNDER REVIEW	2.77	PERFORMING	2	PERFORMANCE UNDER REVIEW	4	UNDER-PERFORMING	PERFORMING
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	PERFORMING	2.79	PERFORMING	3	PERFORMING	8	PERFORMING	PERFORMING
ROYAL NATIONAL ORTHOPAEDIC HOSPITAL NHS TRUST	PERFORMANCE UNDER REVIEW	2.34	PERFORMANCE UNDER REVIEW	3	PERFORMING	8	PERFORMING	PERFORMING
ROYAL SURREY COUNTY HOSPITAL NHS TRUST	PERFORMING	2.72	PERFORMING	3	PERFORMING	7	PERFORMING	PERFORMING
ROYAL UNITED HOSPITAL BATH NHS TRUST	PERFORMING	2.74	PERFORMING	3	PERFORMING	8	PERFORMING	PERFORMING
SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST	PERFORMING	2.87	PERFORMING	3	PERFORMING	8	PERFORMING	PERFORMING
SCARBOROUGH AND NORTH EAST YORKSHIRE HEALTH CARE NHS TRUST	PERFORMING	2.50	PERFORMING	3	PERFORMING	6	PERFORMANCE UNDER REVIEW	PERFORMING
SHREWSBURY AND TELFORD HOSPITAL NHS TRUST	PERFORMING	2.54	PERFORMING	3	PERFORMING	8	PERFORMING	PERFORMING
SOUTH LONDON HEALTHCARE NHS TRUST	UNDER-PERFORMING	2.96	PERFORMING	1	UNDER-PERFORMING			PERFORMING

- 1 Please note that the Isle Of Wight score includes performance from the ambulance providers.
- 2 Score moderated where patient experience score is UNDER-PERFORMING, in this case highest score trust can achieve is performance under review.
- 3 Great Ormond Street, Western Sussex and South London do not have user experience data, so for these trusts it has not been used as a moderator.

ANNEX 12 NHS PERFORMANCE FRAMEWORK – ACUTE TRUST RESULTS

TRUST NAME ¹	OVERALL SCORE ²	STANDARDS AND TARGETS		FINANCE		USER EXPERIENCE ³		QUALITY AND SAFETY
		SCORE	RATING	SCORE	RATING	SCORE	RATING	RATING
SOUTH WARWICKSHIRE GENERAL HOSPITALS NHS TRUST	PERFORMING	2.84	PERFORMING	3	PERFORMING	8	PERFORMING	PERFORMING
SOUTHAMPTON UNIVERSITY HOSPITALS NHS TRUST	PERFORMING	2.53	PERFORMING	3	PERFORMING	8	PERFORMING	PERFORMING
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	PERFORMING	2.69	PERFORMING	3	PERFORMING	8	PERFORMING	PERFORMING
ST GEORGE'S HEALTHCARE NHS TRUST	PERFORMING	2.79	PERFORMING	3	PERFORMING	7	PERFORMING	PERFORMING
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	PERFORMING	2.71	PERFORMING	3	PERFORMING	8	PERFORMING	PERFORMING
SURREY AND SUSSEX HEALTHCARE NHS TRUST	PERFORMING	2.59	PERFORMING	3	PERFORMING	6	PERFORMANCE UNDER REVIEW	PERFORMING
THE HILLINGDON HOSPITAL NHS TRUST	PERFORMING	3.00	PERFORMING	3	PERFORMING	6	PERFORMANCE UNDER REVIEW	PERFORMING
THE LEWISHAM HOSPITAL NHS TRUST	UNDER-PERFORMING	2.96	PERFORMING	1	UNDER-PERFORMING	5	PERFORMANCE UNDER REVIEW	PERFORMING
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	PERFORMANCE UNDER REVIEW	2.70	PERFORMING	3	PERFORMING	5	PERFORMANCE UNDER REVIEW	PERFORMANCE UNDER REVIEW
THE QUEEN ELIZABETH HOSPITAL KING'S LYNN NHS TRUST	PERFORMING	2.67	PERFORMING	3	PERFORMING	7	PERFORMING	PERFORMING
THE ROYAL WOLVERHAMPTON HOSPITALS NHS TRUST	PERFORMING	2.93	PERFORMING	3	PERFORMING	8	PERFORMING	PERFORMING
THE WHITTINGTON HOSPITAL NHS TRUST	PERFORMANCE UNDER REVIEW	2.70	PERFORMING	2	PERFORMANCE UNDER REVIEW	8	PERFORMING	PERFORMING
TRAFFORD HEALTHCARE NHS TRUST	PERFORMANCE UNDER REVIEW	2.54	PERFORMING	2	PERFORMANCE UNDER REVIEW	7	PERFORMING	PERFORMING
UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	PERFORMANCE UNDER REVIEW	2.23	PERFORMANCE UNDER REVIEW	3	PERFORMING	7	PERFORMING	PERFORMANCE UNDER REVIEW
UNIVERSITY HOSPITAL OF NORTH STAFFORDSHIRE NHS TRUST	PERFORMING	2.79	PERFORMING	3	PERFORMING	8	PERFORMING	PERFORMING
UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST	PERFORMING	2.76	PERFORMING	3	PERFORMING	6	PERFORMANCE UNDER REVIEW	PERFORMING
UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	PERFORMING	2.84	PERFORMING	3	PERFORMING	7	PERFORMING	PERFORMING
UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS TRUST	PERFORMING	2.76	PERFORMING	3	PERFORMING	8	PERFORMING	PERFORMING
WALSALL HOSPITALS NHS TRUST	PERFORMING	2.85	PERFORMING	3	PERFORMING	7	PERFORMING	PERFORMING
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	PERFORMING	2.87	PERFORMING	3	PERFORMING	5	PERFORMANCE UNDER REVIEW	PERFORMING
WEST MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST	UNDER-PERFORMING	2.60	PERFORMING	1	UNDER-PERFORMING	3	UNDER-PERFORMING	PERFORMING
WEST SUFFOLK HOSPITALS NHS TRUST	PERFORMING	2.52	PERFORMING	3	PERFORMING	7	PERFORMING	PERFORMING
WESTERN SUSSEX HOSPITALS NHS TRUST	PERFORMING	2.76	PERFORMING	3	PERFORMING			PERFORMING
WESTON AREA HEALTH NHS TRUST	PERFORMANCE UNDER REVIEW	2.77	PERFORMING	3	PERFORMING	4	UNDER-PERFORMING	PERFORMING
WHIPPS CROSS UNIVERSITY HOSPITAL NHS TRUST	PERFORMANCE UNDER REVIEW	2.98	PERFORMING	3	PERFORMING	1	UNDER-PERFORMING	PERFORMING
WINCHESTER AND EASTLEIGH HEALTHCARE NHS TRUST	PERFORMING	2.85	PERFORMING	3	PERFORMING	7	PERFORMING	PERFORMING
WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST	PERFORMING	2.86	PERFORMING	3	PERFORMING	8	PERFORMING	PERFORMING

- 1 Please note that the Isle Of Wight score includes performance from the ambulance providers.
- 2 Score moderated where patient experience score is UNDER-PERFORMING, in this case highest score trust can achieve is performance under review.
- 3 Great Ormond Street, Western Sussex and South London do not have user experience data, so for these trusts it has not been used as a moderator.

ANNEX 13 NHS PERFORMANCE FRAMEWORK – AMBULANCE TRUST RESULTS

TRUST NAME	OVERALL SCORE	STANDARDS AND TARGETS		FINANCE		QUALITY AND SAFETY
		SCORE	RATING	SCORE	RATING	RATING
EAST MIDLANDS AMBULANCE SERVICE NHS TRUST	PERFORMING	3.00	PERFORMING	3	PERFORMING	PERFORMING
EAST OF ENGLAND AMBULANCE SERVICE NHS TRUST	PERFORMANCE UNDER REVIEW	2.67	PERFORMING	3	PERFORMING	PERFORMANCE UNDER REVIEW
GREAT WESTERN AMBULANCE SERVICE NHS TRUST	PERFORMING	2.33	PERFORMING	3	PERFORMING	PERFORMING
LONDON AMBULANCE SERVICE	PERFORMANCE UNDER REVIEW	1.67	PERFORMANCE UNDER REVIEW	3	PERFORMING	PERFORMING
NORTH EAST AMBULANCE SERVICE NHS TRUST	PERFORMING	3.00	PERFORMING	3	PERFORMING	PERFORMING
NORTH WEST AMBULANCE SERVICE NHS TRUST	PERFORMING	2.00	PERFORMING	3	PERFORMING	PERFORMING
SOUTH CENTRAL AMBULANCE SERVICE NHS TRUST	PERFORMANCE UNDER REVIEW	1.67	PERFORMANCE UNDER REVIEW	3	PERFORMING	PERFORMING
SOUTH EAST COAST AMBULANCE SERVICE NHS TRUST	PERFORMING	2.67	PERFORMING	3	PERFORMING	PERFORMING
SOUTH WESTERN AMBULANCE SERVICE NHS TRUST	PERFORMING	3.00	PERFORMING	3	PERFORMING	PERFORMING
WEST MIDLANDS AMBULANCE SERVICE NHS TRUST	PERFORMING	2.33	PERFORMING	3	PERFORMING	PERFORMING
YORKSHIRE AMBULANCE SERVICE NHS TRUST	PERFORMANCE UNDER REVIEW	2.67	PERFORMING	3	PERFORMING	PERFORMANCE UNDER REVIEW

annex 14: Redundancies



Redundancies

The number of compulsory redundancies in the NHS continued to fall in Q1. Where workforce reductions have been necessary, they have primarily been delivered through control of vacancies and controls in agency expenditure. Redundancies continue to remain the exception in the NHS.

During Q1 of 2009/10, there were 125 compulsory redundancies, a 22.4 percent reduction on the 161 made in Quarter 4 of 2008/09. Of the 125 compulsory redundancies, 31 (24.8 percent) were clinical and 94 (75.2 percent) were non-clinical. These include data from SHAs, PCTs and Trusts.

	Compulsory redundancies for clinical staff	Compulsory redundancies for non-clinical staff	Total Compulsory redundancies
NHS England	31	94	125

Redundancy figures also continue to show year-on-year decreases with 125 reported in Q1 of 2009/10 compared to 232 in Q1 2008/09, an overall reduction of 46.1 percent.

Within this, non-clinical redundancies have decreased by 53.7 percent, from 203 in Q1 of 2008/09 to 94 in Q1 of 2009/10. However, clinical redundancies have shown a modest increase from 29 in 2008/09 to 31 in 2009/10.